



## ILLINOIS STATE POLICE

*Division of Forensic Services*

JB Pritzker  
*Governor*

Brendan F. Kelly  
*Director*

January 30, 2025

To All Forensic Sciences Command Employees:

I designate this 2025 Edition of the Command Directives Manual as the official rules, regulations, and procedures for the operation of the Forensic Sciences Command. This manual contains operational procedures and directives which are not covered by the Illinois State Police Directives Manual.

I further stipulate that any subsequent directives, when disseminated, will bear official status as part of this manual. Command employees shall abide by these orders until they are amended or rescinded.

Sincerely,

A handwritten signature in blue ink that reads "Jan L. Johnson".

Jan L. Johnson, Ph.D., Commander  
Forensic Sciences Command

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**ILLINOIS STATE POLICE  
DIVISION OF FORENSIC SERVICES  
FORENSIC SCIENCES COMMAND**

**Command Directives Manual: January 2025**  
**Last Manual Review Completed: December 31, 2024**

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Date of Original Issue: 10/01/96	Policy: <b>ADM 1 - Rules of Conduct/Code of Ethics</b> Page 1 of 4
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## I. POLICY

- I.A. Each specialty area within the Forensic Sciences Command has established responsibilities, procedures, and performance standards to be met.
- I.B. In addition, the following rules of conduct shall serve as a guide to the professional obligations of all Forensic Sciences Command employees. These rules also apply to any contractors performing analysis of evidence.
- I.C. As an outline, these rules are not all inclusive, but do represent the basic conduct that employees will maintain to fulfill their duties in the interest of justice. In all other matters, employees are expected to comply with the highest legal, moral, and ethical standards, including the State of Illinois annual ethics training. Failure to comply with the following obligations may subject the employee to the disciplinary process as described in ISP Directive PER-103, Code Employee Disciplinary Rules.

All employees will review this code of ethics annually and record the review in the activity log in LIMS.

## II. RESPONSIBILITIES

- II.A. Professional Obligations with Regard to Personal Conduct
  - II.A.1. All Forensic Sciences Command employees shall recognize that their personal conduct is a part of their professional obligation, noting that responsible behavior strengthens credibility and organizational trust.
  - II.A.2. All Forensic Sciences Command employees will reflect the high standards of the Command in their personal actions.
  - II.A.3. All Forensic Sciences Command employees will be familiar with personal conduct rules as prescribed by the Illinois State Personnel Rules, the Illinois State Police Directives Manual, the Forensic Sciences Command Directives Manual, and Facility Operational Manuals.
  - II.A.4. All Forensic Sciences Command employees have a professional obligation to be honest, truthful, and trustworthy as inextricable elements of responsible personal character and personal conduct.
  - II.A.5. All Forensic Sciences Command employees will report to laboratory management conflicts between their ethical/professional responsibility and applicable agency policy, law, regulation, or other legal authority, and attempt to resolve them.

- II.A.6. In all matters, Forensic Sciences Command employees will be guided by basic expectations of mutual respect and common courtesy.
- II.B. Professional Obligations with Regard to the Handling and/or Examination of Evidence
  - II.B.1. All Forensic Sciences Command employees will regard any object or item of potential evidentiary value with the utmost care to preserve and ensure its integrity.
  - II.B.2. All Forensic Sciences Command employees will conduct complete and accurate analyses of all cases, regardless of the nature of the case, in a timely manner.
  - II.B.3. All Forensic Sciences Command employees will adhere to proper and accepted procedures with the goal to obtain the best evidence, deviating from the procedures only when it can be demonstrated that deviation is justified. This includes the use of appropriate controls and standards when conducting examinations and analyses.
  - II.B.4. All Forensic Sciences Command employees will confine opinions and conclusions to those which can be reasoned and supported from examination of the evidence, and not on extraneous information, political pressure, or other outside influences.
  - II.B.5. All Forensic Sciences Command employees must make and retain full, contemporaneous, clear and accurate records of all examinations and tests conducted, and conclusions drawn, in sufficient detail to allow meaningful review and assessment of the conclusions by an independent person competent in the field.
  - II.B.6. All Forensic Sciences Command employees will perform all duties including analysis based upon the objective of “quality”, which is defined as accurate, complete, and timely results.
  - II.B.7. All Forensic Sciences Command employees will restrict analysis to those objects or items which have the potential to yield valid results.
  - II.B.8. All Forensic Sciences Command employees will remain independent, impartial, detached, and objective approaching all examinations with due diligence and an open mind.
  - II.B.9. All Forensic Sciences Command employees will immediately notify laboratory management upon the identification of a conflict of interest with respect to casework. This includes, but is not limited to, personal interactions with the victim, suspect, or submitting agency/officer.
- II.C. Professional Obligations with Regard to Report Findings
  - II.C.1. All Forensic Sciences Command employees will report findings and conclusions in a manner that reflects impartiality and are based on sound scientific principles.
  - II.C.2. All Forensic Sciences Command employees will issue reports in a clear, complete, concise, and consistent manner.  
Facts, opinions, and interpretations must be clearly distinguishable, and clearly describe the limitations of methods, interpretations, and opinions presented.
  - II.C.3. All Forensic Sciences Command employees will state only those conclusions and opinions which are within demonstrative areas of expertise.

II.C.4. All Forensic Sciences Command employees will, on all conducted laboratory analyses, provide a full and complete disclosure of all findings and results in a written report. No information will be withheld or altered for strategic or tactical litigation advantage.

Wording of opinions must not be such that inferences may be drawn which are not valid, or that slant the opinion to a particular direction.

**II.D. Professional Obligations with Regard to Courtroom Testimony**

II.D.1. All Forensic Sciences Command employees will testify in a clear, truthful, impartial, and objective manner.

II.D.2. All Forensic Sciences Command employees will confine testimony responses to matters within their area of expertise and will testify to results obtained and conclusions reached only when they have confidence that the opinions are based upon good scientific principles and methods. Opinions are to be stated so as to be clear in their meaning.

II.D.3. All Forensic Sciences Command employees will accurately represent their education, training, experience, and area of expertise.

II.D.4. All Forensic Sciences Command employees will be available for pretrial conferences with both prosecution and defense attorneys.

II.D.5. All Forensic Sciences Command employees will report to laboratory management any attempts to prejudice or conceal exculpatory evidence and will attempt to qualify their responses while testifying when asked a question with the requirement that a simple "yes" or "no" answer be given, if answering "yes" or "no" would be misleading to the judge or jury.

**II.E. Professional Obligations with Regard to Personal Development**

II.E.1. All Forensic Sciences Command employees will strive to acquire information and an understanding of current scientific methods and techniques which can improve their area of expertise.

II.E.2. All Forensic Sciences Command employees will pursue the highest level of professional competence by means of continuing education, proficiency testing, and in-service training.

II.E.3. All Forensic Sciences Command employees will recognize and support the need for assessment and peer review of all analytical procedures.

II.E.4. All Forensic Sciences Command employees will adhere faithfully to the fundamental tenets and principles of professional ethics and conduct.

II.E.5. All Forensic Sciences Command employees will honestly and objectively complete regularly scheduled proficiency tests, comprehensive technical review of casework, and verification of conclusions.

**II.F. Professional Obligations with Regard to the Improper Actions of Others**

II.F.1. All Forensic Sciences Command employees will assess fairly and objectively the actions of others based upon legal, ethical, and professional responsibilities.

II.F.2. All Forensic Sciences Command employees will accept the responsibility for reporting the actions of others which are illegal, unprofessional, or unethical.

**II.G. Professional Obligations with Regard to Managerial Responsibility**

- II.G.1. All directors/administrators will make recommendations and decisions in all phases of their responsibilities based upon the primary objective of providing accurate, complete and timely services.
- II.G.2. All directors/administrators will establish fair employee performance objectives that promote quality work.
- II.G.3. All directors/administrators will support the highest professional standards of each discipline within the laboratory and will take appropriate actions to correct or eliminate violations of legal, professional, or ethical conduct.
- II.G.4. All directors/administrators will address, in a timely and confidential manner, all issues related to quality assurance, personnel issues, and other sensitive concerns. Administrators will take appropriate action if there is a potential for, or there has been a miscarriage of justice due to circumstances that have come to light, incompetent practice, or malpractice.
- II.G.5. All directors/administrators will exemplify the highest ethical standards of the forensic science profession.
- II.G.6. All directors/administrators will ensure all analysts are properly trained and competent through testing prior to undertaking the examination of the evidence.

**II.H. Professional Obligations with Regard to the Confidentiality of Information**

- II.H.1. All Forensic Sciences Command employees will maintain the confidentiality of case-related information.
- II.H.2. All Forensic Sciences Command employees will maintain the confidentiality of records and personnel matters.
- II.H.3. The Director of Quality Assurance will ensure that any members of external bodies (e.g. accrediting bodies) are required to keep confidential all information obtained or created during the performance of activities at the laboratory, except as required by law.



Date of Original Issue: 10/01/96	Policy: <b>ADM 2 - Chain of Command</b> Page 1 of 1
Date of Revised Issue: 01/10/19	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
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## I. POLICY

- Each Laboratory Director will have the appropriate authority and responsibility to operate his/her laboratory.

## II. PROCEDURE

II.A. All concerns by employees should be directed to the immediate supervisor who will forward the information to the next level of authority providing the problem cannot be resolved at the initial level.

II.A.1. If an employee believes that a particular concern is not being addressed properly by his/her supervisor, the employee has the liberty to contact a manager higher in the chain of command.

■ II.A.2. If the employee believes the situation is serious and action is not being accomplished by a manager within the chain of command, the employee may contact the Commander personally.

■ II.B. It is imperative that Laboratory Directors keep Forensic Sciences Command (FSC) informed of their laboratory operations.

All user agency commendations, complaints, new ideas to be implemented, and suggestions for improved service will be made known to FSC.



## Forensic Sciences Command

Date of Original Issue: 10/01/96	Policy: <b>ADM 3 - Service Philosophy/ User Agency Contacts by all Forensic Sciences Command Personnel</b> Page 1 of 2
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## I. POLICY

- I.A. The Forensic Sciences Command (FSC) is a service agency.
- I.B. All actions performed by Command employees will be accomplished with this fact in mind.
- I.C. All contacts made by Forensic Sciences Command personnel with user agencies will be handled in a manner that is positive and leaves a perception that our purpose is to serve the needs of the agency.

## II. PROCEDURE

- II.A. Agency Contacts
  - II.A.1. Our service philosophy is that an agency makes only one call or contact with the Command. If we cannot provide the needed information, we will either find the information or contact the appropriate personnel and relay the request. This information or our action will then be reported back to the agency.
  - II.A.2. Contacts will be defined as any exchange of information or encounter with user agencies.
  - II.A.3. All contacts will be accomplished in a positive manner. Personal opinions, biases and prejudices cannot affect contacts with agencies. Feelings of hostility, animosity, impatience, and similar emotional states that will make the encounter unpleasant will not be communicated to agencies.
  - II.A.4. The image that is created by personal contacts with user agencies is to be considered an extremely important aspect of each person's responsibility. That image must reflect the service philosophy of the Forensic Sciences Command and be positive in nature.
  - II.A.5. External public relations conduct will be a part of all employee's performance evaluations.
  - II.A.6. The Laboratory Director (LD) will ensure the laboratories are meeting the needs of the user agencies and the Illinois criminal justice community by meeting with local law enforcement agencies. This will allow LDs to obtain feedback on laboratory performance and possible areas of improvement. Therefore, LDs must initiate direct interaction (see QM-16) with the agencies by doing one of the following:
    - II.A.6.a. Maintain membership in, and regularly attend meetings of, associations for law enforcement officials and/or police chief associations within the laboratory's service area.
    - II.A.6.b. Host an annual meeting with the laboratory's user agencies.

II.B. Technical Assistance

- II.B.1. Each person on a field assignment serves as a technical expert whether it is in court, lecture, or crime scene. This advisor role is a staff assignment; therefore, no laboratory personnel will become involved in covert operations.
- II.B.2. With the approval of the laboratory director, personnel may go to a crime scene and advise an agency in processing the scene.



## Forensic Sciences Command



Date of Original Issue: 04/03/00	Policy: <b>ADM 4 - Archival Procedures and Record Retention</b> Page 1 of 6
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Revision Transmittal Number: T-25-02	

## I. POLICY

The Division of Forensic Services, Forensic Sciences Command (FSC) will establish archival procedures for Case Files/Records that include protecting and disposing of confidential information, documentation, and records archived and maintained (e.g., electronically, microfilm, hard copies, etc.) at the State Records Center (aka Archives). The FSC will comply with all applicable archival and record retention procedures approved by the State Records Commission.

## II. DEFINITIONS

- II. A. Archive File: Archive Files are Master Files that have been shipped to the State Records Center (Archives) for storage through the archive process.
- II. B. Equipment File: Any record used to record operations of the equipment. This may include log sheets, function checks, data from reference samples, maintenance records, etc.
- II.C. Insert: An Insert to an Archive File is any material (other than evidence) associated with a particular case whose Master File has already been sent to Archives. The Insert could be any documentation that was generated after the Master File was sent to Archives. The material may or may not be part of a Temporary Archive File. It could be material that was discovered to have been left out of the Master File when the Master File was sent to Archives. Creation of inserts should not be routine practice as files have switched to a digital format effective December 2018.
- II.D. Temporary Archive File: Temporary Archive Files are files created at the laboratory when evidence is (re)submitted on cases after the Master File has physically been sent to Archives and the original Archive File is being requested.
- II.E. NBA File: Any file that has Never Been Archived and the designated time frame for archiving the file has lapsed.
- II.F. Training Files: Training Files as referenced here are Individual Laboratory Training Files and/or In-House Training Files (see TRN 12).

## III. CASE FILES/RECORDS ARCHIVE RETENTION PERIODS

III.A. Case Records generated after January 1, 2018

Case Files/Records generated after January 1, 2018 will conform with all archival and record retention procedures approved by the State Records Commission Application 17-045, effective January 1, 2018 (ADM Appendix 7).

III.A.1. All case records and quality records generated on or after January 1, 2018 will have a retention period of 80 years from the date of the record.

III.A.2. After 80 years from the date of the record, the electronic and/or microfilmed records will then be destroyed in a secure manner or deleted from the system provided all audits have been completed and no litigation is pending or anticipated.

III.B. Case Files generated prior to January 1, 2018

Paper case files are maintained at the laboratory where they were generated for a period of three (3) years for minor offenses and four (4) years for major offenses, and then shipped to the State Records Center (Archives). The archived Case Files/Records, generated prior to January 1, 2018, will conform with the archival and record retention procedures approved by the State Records Commission, Application No. 98-077 for minor case files and Application 79-041 for major case files. In general, case files generated after December 3, 2018, are electronic and will not require transport to the archives.

III.B.1. Minor Case Files – Maintained in archives for 19 years after the year of the case.

III.B.2. Major Case Files – Maintained in archives for 74 years after the year of the case.

III.B.2.a Major cases include arson, treason, forgery, death investigations, attempted murder, suicide, kidnapping, traffic fatalities, offense that falls under the heading of sexual assault, and any case that a DNA profile has been entered into CODIS.

III.B.2.b Requirements in 1999 directed that sexual assault cases would be classified as major cases. (In 2000, before destruction of the 1980 minor case files, a decision was made that all sexual assault cases previously filed as minors would be refiled as majors prior to the annual destruction dates for minor cases.) The specific offenses that are to be included as sexual assault cases are:

1. General Sexual Assault

- a. Sexual relations within families
- b. Criminal sexual assault
- c. Aggravated criminal sexual assault
- d. Predatory criminal sexual assault of a child
- e. Criminal sexual abuse
- f. Aggravated criminal sexual abuse
- g. Any attempt of the above offenses

2. Juvenile Related Sexual Assault

- a. Indecent solicitation of a child
- b. Sexual exploitation of a child
- c. Soliciting for a juvenile prostitute
- d. Keeping a place of juvenile prostitution
- e. Patronizing a juvenile prostitute
- f. Juvenile pimping
- g. Exploitation of a child
- h. Child pornography
- i. Ritualized abuse of a child
- j. Certain limited examples of child abduction
- k. Sexually dangerous persons

III.C. Training files:

- III.C.1. As of January 1, 2018, the retention period increases to 80 years from the date the person leaves ISP employment. The electronic and/or microfilmed records will be destroyed in a secured manner and noted on a Records Disposal Certification.
- III.C.2. Training files created prior to January 1, 2018 are retained for 74 years after the year the person left ISP employment.

III.D. Equipment files - 74 years after the last entry in the log or after the instrument is removed.

IV. PROCEDURE FOR CASE FILES TO BE RETRIEVED FROM ARCHIVES

- IV.A. The removal of a Forensic Sciences Command case file from Archives will be initiated by the submission of an e-mail request to the Division of Forensic Services (DFS) Case File Administrators. All archive requests from a laboratory must be submitted through that laboratory's archive liaison to DFS via e-mail no later than 10:00 A.M. Monday of each week. The Division Case File Administrators will make one trip per week (usually on Tuesday) to the Archive warehouse to retrieve case files. Files retrieved will be shipped via an approved courier (based on the current state contract) resulting in delivery of files to the requesting laboratory on the following business day. **SHOULD A FILE BE NEEDED PRIOR TO THE NEXT SCHEDULED DELIVERY, A STRONG JUSTIFICATION WILL BE REQUIRED.** Each archive request must contain the following information and only the following information:

IV.A.1. Case Number

IV.A.2. Major or Minor Case Designation (see III.B. above).

IV.A.3. Records Center Box Number

IV.A.4. If a case file has previously been handled as a minor case, regardless if it has been requested from Archives before or not, and a CODIS profile has now been discovered as associated with this case, the notation "CODIS" must be included with the request information as well as both the major and minor record's center box numbers; designate these cases as major (J).

IV.A.5. When submitting requests for archived files, all requests must be submitted on the "Group Archives" spreadsheet and emailed to the Division Case File Administrators.

IV.B. When an Archive File needs to be shipped from one location to another, a reputable shipping service (examples: U.S. Mail Registered/Return Receipt, Federal Express/FedEx, United Parcel Service/UPS, etc.) must be used. The shipping service must provide documentation and detailed tracking of the package between each person that handles the package. The shipping service must provide to the office/laboratory that is shipping the package, proof that the package was delivered, when it was delivered, and signature of the person receiving the package. These files must be kept as secure as other Master Files and must be returned to Archives via the appropriate channels within the designated time frame as outlined below in IV.C.3.

- IV.B.1. If the laboratory archive liaison has not received a requested file(s) within one working day of the scheduled delivery day (III.A.), they must notify the Division Case File Administrators so that a trace can be initiated.
- IV.B.2. Any file that is shipped and documentation of its arrival at the receiving office/laboratory is not received by the sending office/laboratory must be followed up on by the archive liaison from the sending location.
- IV.B.3. If a Temporary Archive File was generated pending receipt of the original Archive File, the Temporary Archive File must be merged with the original Archive File upon receipt of the original Archive File. Until that merger, the Temporary Archive File serves the same function as a Master File and must be maintained with the same level of security.

IV.C. A file may be hand delivered to or from a laboratory only if each person receiving the file signs a receipt for the file.

- IV.C.1. Any time an Archive File changes hands from one responsible person to the next, the Case File Transfer Receipt (See ADM Appendix 1) must be signed and dated by both the person delivering the file as well as the person receiving the file.
- IV.C.2. The Case File Transfer Receipt with the original signatures is to be kept with the case file.
  - IV.C.2.a. According to local laboratory policy, the person delivering the file will keep a copy of the signed receipt as documentation of the delivery. This instruction applies to all movement of Archive Files, within a laboratory, between laboratories, or between a laboratory and Central Headquarters.
  - IV.C.2.b. The laboratory archive liaison must be notified prior to the transfer of a case file from one person to another within a laboratory or to a person outside the laboratory.
  - IV.C.2.c. When a case file is transferred from one laboratory to a second, the transferring laboratory archive liaison must notify Division Case File Administrators of the transfer. Notification to the Division Case File Administrators may be accomplished by e-mail notification on the date the file(s) is shipped. The receiving laboratory archive liaison is to notify (via e-mail) the Division Case File Administrators when the file(s) is received.
- IV.C.3. All files that have had the analytical work completed and the files returned to the laboratory archive liaison for return shipment to Central Headquarters, are to be mailed to Central Headquarters within five (5) working days of their return to the archive liaison. When any sexual assault file that had been previously filed as a minor case is being returned to archives, the file jacket must be marked "Sexual Assault", the minor box number marked out with a single line through the number, initialed, and the major box number written on the file jacket.
- IV.C.4. In the rare event that inserts are generated for previously archived files, they will be sent to Archives to be merged with the original Archive File. Insert material is to be contained in a 9 x 12-inch manila envelope or, if there is more material than will fit in an envelope, a manila file folder may be used. The case file number and the word "Insert" must appear on the outside of the envelope or folder along with the Records Center box number.
- IV.C.5. Each laboratory archive liaison is responsible for maintaining a living list of Archive Files in their laboratory which shall be produced to Division Case File Administrators or auditors upon request. Case file numbers for those cases which have never been previously archived (NBA) are to be included in this list. Each laboratory archive liaison

is to physically check each of the files in their laboratory prior to providing the list to the requesting party. These lists are used as an audit to ensure the records of the Division Case File Administrators match the exact files that are physically located within individual laboratories.

## V. PROCEDURES FOR OTHER ARCHIVED FILES

### ■ V.A. TRAINING FILES

Individual Laboratory Training Files and In-House Training Files (both here-in referred to as “training files”) are to be maintained in the operational laboratory for four (4) years after the individual has resigned, retired or has otherwise separated from employment. Before these training files are sent to archives, each person’s material is to be stored in a 9 x 12 manila envelope. Individual Laboratory Training Files in one envelope, In-House Training Files in a second 9 x 12 manila envelope. Both envelopes are to be clearly marked as to which training files are contained within as well as the person’s name. Both envelopes are then to be inserted into a manila file folder(s) of the same size that is used for case files. The person’s name and the date they left state employment are to be clearly written or typed in the upper right corner of the manila folder.

The notation “Training Files” is to be made on the Records Center Transfer Sheets either beside the range of files for the last box from each lab and/or on a separate line if there is another or separate box containing training files.

When a laboratory is in need of a training file that has been archived, it will be requested through the laboratory archive liaison using the same procedures as requesting an Archive File. The only information that will need to be submitted is the person’s name and the year they left ISP employment. Once training files are received in the laboratory from archives, they are to be handled with the same procedures as Archive Files, i.e., maintaining chain of custody using a Case File Transfer Receipt that is to be signed each time the file changes hands. The laboratory archive liaison is to track these files in the lab just as Archive Files.

**NOTE: As of January 2018, the Training Files are retained in accordance to State Records Application No. 17-45.**

### ■ V.B. EQUIPMENT FILES

Whenever possible, equipment files should be maintained digitally within the Laboratory Asset Management (LAM) of LIMS. If hard copies are maintained, these equipment files are to be maintained for four (4) years from the date that the equipment is permanently removed from service. Equipment files for equipment that is transferred to a different location will travel with the equipment if the files are not maintained digitally. Before these equipment files are sent to archives, the records are to be stored in 9 x 12 manila envelopes. The envelopes are to be clearly marked as to which type of equipment files are contained within, the type of instrument (e.g. mass spectrometer), and the equipment inventory number (where applicable). The envelopes are then to be inserted into a manila file folder(s) of the same size that is used for case files. The type of instrument, equipment inventory number (where applicable), and the date (i.e. the last entry in the log or when the instrument is removed from the laboratory) are to be clearly written or typed in the upper right corner of the manila folder.

The notation “Equipment Files” is to be made on the Records Center Transfer Sheets either beside the range of files for the last box from each lab and/or on a separate line if there is another or separate box containing equipment files.

When a laboratory needs an equipment file that has been archived, it will be requested through the laboratory archive liaison using the same procedures as requesting an Archive File. The information needed include the type of instrument; equipment inventory number (where applicable); and the year of the last entry in the log or when the instrument is removed from the laboratory. Once equipment files are received in the laboratory from archives, they are to be handled with the same procedures as Archive Files, i.e., maintaining chain of custody using a Case File Transfer Receipt that is to be signed each time the file changes hands. The laboratory archive liaison is to track these files in the lab just as Archive Files.



## Forensic Sciences Command



Date of Original Issue: 10/01/96	Policy: <b>ADM 5 - Professional Organization Memberships and Certifications</b> Page 1 of 2
Date of Revised Issue: 12/11/2020	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-20-05	

## I. POLICY

The Forensic Sciences Command (FSC) will support employee participation in work-related professional organizations and forensic science related certification programs. As part of the support, the FSC may pay annual membership dues, application fees, and forensic science related certification fees according to the following elements:

- I.A. The FSC may pay the membership dues for one work related professional organization for forensic scientists and forensic science administrators depending upon sufficient funding and appropriate approvals. Other Command employees may be considered if membership is deemed valuable to the Command and if funding and appropriate approvals are obtained.
- I.B. The FSC may pay a second membership fee if an employee's specific work duties are such that his/her membership in the organization has benefits and/or an official publication deemed by Command Administration to be beneficial for the Laboratory and the Command. Payment is dependent upon sufficient funding and appropriate approvals.
- I.C. The FSC may pay the application fee for a work related professional organization. Payment is dependent upon sufficient funding and appropriate approvals.
- I.D. The FSC may pay the certification fee for a forensic science related certification program if the employee receives certification. Payment is dependent upon sufficient funding and appropriate approvals.
- I.E. All membership dues, application fees, and certification fees to be paid from departmental funds require the approval of the Division of Forensic Services (DFS) and the Illinois State Police Director.

## II. PROCEDURE

- II. A. Command Administration will provide each Laboratory Director the prior year's approved professional organization membership list prior to April 30 of each calendar year unless otherwise directed.
- II.B. Command employees will submit their membership dues, application fees, and/or certification fee requests, through the laboratory chain of command, by the due date established by the Laboratory Director.
- II. C. It is the responsibility of the Laboratory Director to review the prior year's approved membership list, as well as new requests. The Laboratory Director will determine the suitability of the specific requests received. The Laboratory Director will make any additions or deletions to the list and will

return the revised list with membership dues, application fees, and/or certification fees to Command Administration no later than May 31 of each calendar year unless otherwise directed. Payment of dues and fees is dependent on the availability of funds at the laboratory.

- II.D. The Commander and Bureau Chiefs will review, and amend if necessary, the list of requested memberships dues/fees. If sufficient funds are not available, the number of organizations paid for by the Command or laboratory will be reduced accordingly. The Commander will ensure the final list is submitted to the DFS by July 1 of each calendar year unless otherwise directed.
- II.E. The DFS will review the list of requested membership dues/fees, make any necessary changes, and submit the list to the Office of the Director for review and final approval.
- II.F. Upon receipt, Command Administration will provide each Laboratory Director a copy of the Director-approved list of membership dues/fees that will be supported for payment.
- II.G. It is the responsibility of the Laboratory Director to inform the respective supervisor of the final decisions made regarding approved requests. The supervisor will inform the employee of the decision.
- II.H. If a person has been approved for an application fee and does not join the organization that particular fiscal year but still wishes to join the organization, the individual must request the application fee again the following fiscal year.
- II.I. All publications issued through membership in the organization will become the property of the Command unless other arrangements are approved by the Commander.



## Forensic Sciences Command



Date of Original Issue: 09/01/99	Policy: <b>ADM 6 - Signing Administrative Documents for Someone Else</b> Page 1 of 1
Date of Revised Issue: 04/21/2025	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-25-02	

## I. POLICY

- On occasion, when the originator/approver of the documentation is not available or provides approval, another person may sign the originator's/approver's name to administrative documents such as letters, memoranda, personnel and/or fiscal paperwork.

## II. PROCEDURE

The appropriate person will sign the name of the originator/approver of the document and place his or her initials after the signature (e.g., Jane W. Doe /jm).



## Forensic Sciences Command



Date of Original Issue: 10/01/96	Policy: <b>ADM 7 - Use of State Vehicle</b> Page 1 of 2
Date of Revised Issue: 01/18/24	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-24-02	

## I. POLICY

Laboratory Directors will be responsible for ensuring the following procedures are followed in reference to use of a state vehicle.

## II. PROCEDURE

II.A. Employees and Laboratory Directors are responsible for ensuring that a state vehicle will be used only for state business unless approved otherwise by the Director of Illinois State Police (ISP).

II.A.1. Non-ISP individuals are not allowed to ride in state vehicles without Division permission.

II.A.2. Subject to Laboratory Director discretion/approval, retired ISP Forensic Sciences Command (FSC) personnel who are conducting official state business (e.g., testifying on a case) may be allowed to ride as a passenger in a state vehicle driven by current personnel participating in the same state business.

II.B. The laboratory Automotive Equipment Officer (AEO), or designated back-up, shall maintain possession of the laboratory vehicle keys, for all pool vehicles. The AEO, or designee, will oversee the distribution of keys to employees. A written log will be maintained within the laboratory documenting the use of each vehicle by laboratory personnel. Log sheets (see ADM Appendix 2) will be maintained for each laboratory vehicle. Drivers are responsible for filling in the necessary information on the log sheets for each use of the vehicle. The AEO is responsible for ensuring the log is filled out correctly and accurately. These log sheets are to be kept in the vehicle history folder when they are full. Vehicle keys will NOT be left in pool vehicles.

II.C. All Laboratory Directors will ensure that their personnel are familiar with the pamphlet entitled "State of Illinois Vehicle Operations Manual". This pamphlet will be kept in each vehicle.

II.D. Vehicle operators will turn in all maintenance receipts to the AEO, or designee, immediately upon returning to the laboratory/office. The AEO, or designee, will ensure that all necessary information is included on the receipt. This information includes the driver's legible signature, the driver's PID number, and the vehicle equipment number.

II.E. The AEO, or designee, will ensure all checkups, cleaning's, and scheduled maintenance of laboratory/office vehicles are accomplished on a regular basis.

II.F. Travel regulations require minimum insurance on private vehicles driven for state business. See Illinois Compiled Statutes, 625ILCS 5/10 - 101(b).

II.G. Personal car mileage will not be reimbursed if the state vehicle was available for the trip and the employee elected not to use it.

II.H. Per Section 3000.300(a) of the Travel Rules, “All travel shall be by the most economical mode of transportation available considering travel time, costs, and work requirements”.

II.H.1. Most economical will normally be a state vehicle, but if one is not available consider:

- A. Rental Cars – Check rates and utilize the CMS trip calculator to determine cost.
- B. Personal Vehicle - Calculate the mileage and current reimbursement rate.
- C. Public Transportation.
- D. References:
  - 1) CMS Trip Cost Advisor:  
<https://cms.illinois.gov/agency/vehicles/tripcostcalculator.html>
  - 2) CMS Travel Guide for State Employees:  
<https://cms.illinois.gov/employees/travel.html>

II.H.2. Rental Car Waiver

At the agency’s (e.g., Laboratory, Command, etc.) discretion, valid reasons to not use a rental car include:

- A. Traveling unexpectedly and there is not time to pursue a rental.
- B. Departure is prior to opening hours of a rental company.
- C. Court schedules are very fluid and can be cancelled at a moment’s notice; therefore, if opt to allow reimbursement provide explanation/justification on voucher.

If a rental car is reserved and is no longer needed, cancellation fees cannot be paid; therefore, the traveler will be required to cover this cost if applicable.

II.H.3. The travel voucher should always include this statement: “Travel was by the most economical means available.” See TRN 3 – Travel Requests/Vouchers for additional information.



Date of Original Issue: 10/01/96	Policy: <b>ADM 8 - Titles on Documents</b> Page 1 of 2
Date of Revised Issue: 03/14/24	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-24-03	

## I. POLICY

- I.A. All Forensic Scientists I, II, and III will use “Forensic Scientist” as their title on all laboratory reports.
- I.B. The Forensic Scientist Trainee will use “Forensic Scientist”. All reports of the forensic scientist trainees will be countersigned by their immediate supervisor as follows:

Approved by:

NAME  
Training Coordinator

- I.C. Supervisory personnel will use their working title.

## II. PROCEDURE

- II.A. Signature blocks will indicate the writer’s title.
- II.B. All analytical reports will bear the legal (digital or handwritten) signature of the author.
- II.C. Copies of all analytical reports will also bear the original legal signature of the analyst unless the copy is of a signed report or an electronic report. In the latter situations, it is not necessary to sign the electronic copy.
- II.D. For those situations requiring a signed report and the analyst is unavailable to sign the report, another authorized Command employee may sign the analyst’s name as provided in ADM 6.
- II.E. All reports generated by personnel in training will be co-signed. This requirement will be interpreted as all personnel undergoing initial training in an area of expertise or those individuals hired with experience but who are undergoing familiarization to the Command and who are working cases while under the supervision of the training laboratory. Co-signatures will imply that the trainer is equally responsible for the analytical results of the person in training. All analytical reports by personnel in training will be co-signed by the trainer or designated facilitator.

II.F. Personnel who have been transferred to their laboratory of assignment while in a training status will have their reports co-signed by the designated facilitator or trainer until promotion from the forensic scientist trainee title or release from training for all other titles.



## Forensic Sciences Command



Date of Original Issue: 10/01/96	Policy: <b>ADM 9 - Utility Service Interruptions</b> Page 1 of 1
Date of Revised Issue: 12/11/20	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-20-05	

**I. POLICY**

Facilities can lose communications due to weather, power failures, etc. Many times, outgoing telephone calls can normally be made either on facility telephones, personal cellular telephones, or other methods. When a particular facility cannot be contacted by an agency representative or the public and telephone service interruption is suspected, Command must be informed of the disrupted service. Status reports not only keep Command advised of progress on repairs but also afford an opportunity to relay messages to the affected facility.

**II. PROCEDURE**

II.A. When any employee becomes aware that the telephone service is not in proper working order, the employee will immediately notify laboratory management. Laboratory management must immediately advise Command of the status, anticipated time frame for repair of service, interim plan for emergency communication (e.g., what cell phone number to use for contacting lab, etc.), and immediate notification when the service has been restored.

II.B. When laboratory service or operation is affected by power failure, water problems, storm damage, etc., Command (e.g., Bureau Chief, Commander) will be immediately advised as well as being notified once all interruptions are resolved.



Date of Original Issue: 10/01/96	Policy: <b>ADM 10 - Major Case Review</b> Page 1 of 1
Date of Revised Issue: 01/18/24	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-24-02	

## I. POLICY

The Laboratory Director (or designee) will ensure a major case review is accomplished as necessary on those cases that are particularly sensitive and/or involving multiple sections of the laboratory.

## II. PROCEDURE

Major case reviews typically involve the submitting agency, laboratory personnel, crime scene investigator, and state's attorney. The participants at a major case review will be documented in a record that will be maintained in LIMS under the corresponding case number.



## Forensic Sciences Command



Date of Original Issue: 03/15/00	Policy: <b>ADM 11 - Command Advisory Board (CAB)</b> Page 1 of 5
Date of Revised Issue: 03/31/21	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-21-03	

## I. POLICY/PURPOSE

The Forensic Sciences Command will establish Command Advisory Boards. Along with the Technical Leaders, Training Coordinators, and the Program Managers the function of the Command Advisory Board (CAB) will be to serve as scientific technical advisors to the Commander, Forensic Sciences Command. The Command Advisory Boards will work with appropriate Command personnel to coordinate/recommend issues of section concern, identify potential efficiencies/improvements within their respective sections, and work on other projects as assigned by Command. The objective of each Command Advisory Board is to develop and recommend innovative ideas which advance the goals of the entire Command and the represented discipline.

## II. SECTIONS

The following sections and sub-sections are recognized within the Forensic Sciences Command:

- II.A. Drug Chemistry
- II.B. Firearms/Toolmarks
- II.C. Latent Prints
- II.D. Microscopy
- II.E. Forensic Biology/DNA
- II.F. Toxicology
- II.G. Trace Chemistry
- II.H. DNA Indexing
- II.I. Footwear/Tiretrack

## III. ORGANIZATION

- III.A. All section responsibilities will be conducted by the Command Advisory Board, which is headed by an Advisory Board Chairperson.
- III.B. Command Advisory Board - The Command Advisory Board will consist of members recommended by the Laboratory Directors and selected by Command. The number of members chosen will vary depending on analytical staff sizes and as determined by Command.
- III.C. Laboratory Directors will recommend to the Commander qualified individuals for consideration for appointment to the Command Advisory Board. Membership on the board will be reviewed annually by Command.

III.C.1. To qualify as a Command Advisory Board member, an individual must meet and exhibit the qualities below:

- a. Producing quality casework.
- b. Meet or exceed job assignments.
- c. Able to view issues globally.
- d. Able to meet deadlines.
- e. Able to set and achieve goals.
- f. Work well as a member of a team.
- g. Be respectful of others viewpoints.
- h. Develop positive working relationships.
- i. Forensic Scientist II or higher.

III.D. Command Advisory Board Chairperson - The Command Advisory Board Chairperson will be selected by Command. The chairperson's term as chair will be reviewed annually by Command.

III.E. Command Coordinator - The Command Coordinator will serve as the point of contact for the Command Advisory Board Chairperson. Regular communication between the Chairperson and the Command Coordinator will occur.

- III.E.1. For those sections with a program manager, the program manager will serve as the Command Coordinator.
- III.E.2. For those sections without a program manager, an appropriate Command representative will be assigned to serve as the Command Coordinator.

#### IV. RESPONSIBILITIES

IV.A. Command Advisory Board - The Command Advisory Board is responsible for making recommendations to Command Administration on all subjects that fall within the guidelines of the "purpose statement."

IV.A.1. Meetings - Command Advisory Board discussions via a meeting or through e-mail will occur periodically. Meetings should occur as needed to ensure consistent and efficient implementation of the operational needs of the section.

The Command Advisory Board will invite other entities to participate as appropriate (i.e., Training Coordinator, Quality Review Coordinator, Technical Leader, Program Manager).

The Command Advisory Board Chairperson will ensure that information is disseminated as needed, to other section members.

IV.A.2. In-Service Training - Each year, if needed or desired, recommendations will be made regarding in-service training budgets and specific in-service topics.

- IV.A.2.a. Purpose - In-service training will be used to update and enhance section members' capabilities by teaching both improvements to existing techniques and new techniques which can be implemented within 45 days of the training.
- IV.A.2.b. Individual section members will be encouraged to make presentations.
- IV.A.2.c. In-service training sessions should also be used to exchange information among section members.

- IV.A.2.d. During in-service training, a maximum of two hours may be set aside to discuss section issues and make recommendations to the Command Advisory Board.
- IV.A.2.e. Attendance - The number of section members who may attend in-service training sessions is governed by the following:
  - IV.A.2.e.1. Laboratory Directors will determine who will attend from their laboratory after considering individual section member needs, workloads, availability of funds, etc. A set number is not established.
  - IV.A.2.e.2. Participation in annual in-service training (continuing education) sessions scheduled by the appropriate DNA technical leader is mandatory for DNA analysts so that they may meet the current requirements set by the Quality Assurance Standards for Forensic DNA Testing and DNA Databasing Laboratories regarding continuing education for DNA analysts.
- IV.A.2.f. Frequency - In-service training will occur as necessary for a period of no longer than four working days. If more than one in-service training per year is necessary, approval must be obtained from the Commander.

IV.A.3. Recommendations - All recommendations will be forwarded through the Command Advisory Board Chairperson.

- IV.A.3.a. The recommendations will include a copy of any existing policy/procedure (e.g., command directive, procedure manual, etc.) on the subject, the recommendations in proper format, and the justification for the recommendation.
- IV.A.3.b. The format will be:
  - Recommendation (if applicable, have proposed wording).
  - Justification.
  - Technical Leader Opinion (for those issues requiring Technical Leader approval) - For casework DNA, Indexing, and Toxicology, include the opinion of the appropriate Technical Leader(s) regarding the recommendation (e.g., agrees, disagrees, why).

IV.A.4. Annual Procedures Manual Review – The chairperson will be responsible to ensure the procedures manual is reviewed annually. The “Last Date Reviewed” on the Table of Contents Page should be the current year or the year immediately prior to the current calendar year. The Command Advisory Board members will work with appropriate section members (i.e., Training Coordinator, Quality Review Coordinator, Technical Leader) to forward recommendations for retaining, revising, or eliminating procedures.

- IV.A.4.a. Any recommendations from the review will be forwarded per IV.A.3. above.
- IV.A.4.b. If no recommendations are required, the chairperson will forward a memo to the designated Command personnel stating that the annual review was conducted and no revisions were required.

IV.B. Command Advisory Board Chairperson Responsibilities

- IV.B.1. Administration of the Command Advisory Board.
- IV.B.2. Schedule, develop an agenda, and chair the Command Advisory Board meetings. Financial needs will be discussed with the Command Coordinator to ensure that proper actions are taken. All Command Advisory Board members should receive an agenda prior to every meeting.
- IV.B.3. Monitor all relevant Standards Board publications and OSAC registry documents relating to the section. All applicable adopted OSAC standards shall be reviewed by the CAB and a recommendation provided to the Program Manager/Command Coordinator, Director of Quality Assurance, and the Commander regarding adoption of the standard. If the recommendation is not adopted, the CAB shall provide the rationale behind that decision. The Commander will respond with final approval of the recommendation, and this shall be recorded in the Section Memos.
- IV.B.4. Disseminate minutes to the Command Coordinator.
  - IV.B.4.a. Any recommendations will be routed through the Command Coordinator prior to dissemination to all section members. If input from all section members is necessary on recommendations, an applicable addendum to the minutes indicating a final response date will be included.
  - IV.B.4.b. Recommendations to Command Administration will be forwarded to the Command Coordinator for review and approval. The recommendations along with the Command response will be provided to all section members via a section memo.
  - IV.B.4.c. The expectation is that on any given issue, the Advisory Board will make a recommendation to Command. In the unusual event that an advisory board/section cannot reach a decision, the Command Advisory Board Chairperson may submit all options with an explanation of the perceived pros and cons of each respective option.
  - IV.B.4.d. It is understood that not all conversations regarding CAB matters need to be documented through the minutes.
- IV.B.5. Scheduling in-service training.
  - IV.B.5.a. For all sections except DNA, if the Command Advisory Board recommends in-service training for the upcoming fiscal year, the chairperson will forward the specific recommendations to the Command Coordinator prior to June 1.
  - IV.B.5.b. Recommendations for in-service training for the DNA section will be made by the DNA Technical Leaders, in conjunction with the Command Advisory Board, for the upcoming fiscal year. The DNA Technical Leaders will forward specific recommendations to the Command Coordinator prior to June 1.
  - IV.B.5.c. The following information will be included in the recommendations that are forwarded to the Command Coordinator:
    - The materials contained in this document are protected under federal law and may not be disseminated or reproduced without the express written permission of the Illinois State Police.

1. Dates.
2. Location. If the Illinois State Police Training Academy is going to be used for the in-service, a written request must be submitted to the Command Coordinator for forwarding to the Division's Training Coordinator. No direct contact with the Illinois State Police Academy should be made, without prior approval.
3. Number of people attending training. Also, include any non-section personnel.
4. Costs. Include only meeting room and instructor's fees. All travel costs will normally be the responsibility of each attendee's cost center.
5. Narrative indicating the training to be provided, by whom, and value to the Command.

IV.B.6. Disseminating procedure manual changes to all section members will be through numbered memoranda.

IV.B.6.a. A copy of all section memorandums will be forwarded to the Command Coordinator. The Command Coordinator will review and recommend the approval of the memoranda to the Commander or request modifications.

IV.B.6.b. All section memorandums will be consecutively numbered for each calendar year, i.e., 01-Trace-1. The assignment of numbers will be made by the Command Advisory Board Chairperson.

IV.B.7. Coordinate Annual Procedures Manual review as outlined above.

IV.C. Command Coordinator

IV.C.1. The Command Coordinator will review the recommendations and recommend actions to the Commander. These actions may include acceptance, rejection, modification, the need to obtain additional information, or submission of the recommendations to appropriate personnel for input.

IV.C.2. The Command Coordinator will coordinate the return to the CAB of any recommendations that need modification and will monitor the submission of subsequent revisions.

IV.D. Commander

IV.D.1. The Commander will inform the Command Advisory Board Chairperson, the Laboratory Directors, and the Command Coordinator regarding the final disposition of the recommendations. The office of the Commander will disseminate all Command Directive changes.

IV.D.2. Dissemination of approved Procedure Manual changes will be authorized by Command.

IV.D.3. No new or revised policy/procedure can be initiated without approval of the Commander.



## Forensic Sciences Command



Date of Original Issue: 08/06/99	Policy: <b>ADM 12 - Receipt and Date Stamping of Mail and Correspondence</b> Page 1 of 4
Date of Revised Issue: 03/14/24	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-24-03	

## I. POLICY

I.A. It is the responsibility of each Laboratory Director and facility manager to ensure that all incoming mail and departmental correspondence is properly date stamped.

I.B. The date stamp will be the date the mail/correspondence is received within the laboratory/facility.

## II. DEFINITIONS

II.A. Business Mail: The United States Postal Service (USPS) considers mail which bears a business address to be "business mail". This mail may be opened by anyone regardless of whether the address includes the name of an individual.

II.B. Current Classes of USPS Mail:

II.B.1. Priority Mail Express: A class of mail that encompasses anything mailable, to include letters and merchandise. This is the fastest mail class available and may include envelopes, boxes, or tubes.

II.B.2. Priority Mail: A class of mail that encompasses anything mailable, to include bills, invoices, personal correspondence, and merchandise.

II.B.3. First-Class Mail: Any mailable matter may be sent as First-Class Mail. The following must be mailed as First-Class Mail (or Priority Mail, if over 13 ounces):

- Handwritten or typewritten material
- Bills, statements of account or invoices, credit cards
- Personal correspondence, personalized business correspondence
- All matter sealed or otherwise closed against inspection.

II.B.4. Periodicals: A class of mail designed for newspapers, magazines, and other periodical publications whose primary purpose is transmitting information to an established list of subscribers or requesters. Periodicals must be published at regular intervals, at least four times a year from a known office of publication and be formed of printed sheets.

II.B.5. USPS Marketing Mail: A class of mail consisting of mail matter that is not required to be mailed as First-Class Mail or Periodicals. USPS Marketing Mail can be used for:

- Printed matter, flyers, circulars, advertising
- Newsletters, bulletins, and catalogs
- Small parcels

II.B.6. Package Services: This is a collective term for the following three subclasses:

- II.B.6.a. Bound Printed Matter: Consists of advertising, promotional, directory, or editorial material (or a combination of such material). It must be securely bound by permanent fasteners, such as staples, spiral binding, or glue.
- II.B.6.b. Media Mail: Generally used for books (at least eight pages), film, printed music, printed test materials, sound recordings, play scripts, printed educational charts, loose-leaf pages and binders consisting of medical information, and computer-readable media.
- II.B.6.c. Library Mail: Used by qualifying institutions like libraries, universities, zoos, and research institutions to mail educational and research material.

### III. PROCEDURE

#### III.A. Business Mail/Departmental Correspondence

III.A.1. All Priority Mail Express, Priority Mail, or First-Class Mail received at an Illinois State Police, Forensic Sciences Command laboratory or facility, which appears to be of a critical business nature, must be date stamped on the document itself.

III.A.1.a. Examples of such documents include, but are not limited to, the following: official subpoenas and correspondence such as letters, reports, and official notices from state's attorneys' offices, United States Attorney's offices, and criminal justice agencies; memoranda and correspondence from the department office or other entity of the Illinois State Police; fiscal documents, to include invoices and bills.

III.A.1.b. Documents must be date stamped by either the person(s) receiving and distributing the mail or the person to whom the mail is addressed, as outlined in the particular laboratory/facility operational policy.

III.A.1.c. Priority Mail Express, Priority Mail, and First-Class Mail, which does not appear to meet the criteria described above, may be date stamped on the outer packaging only, and it need not be opened. For those instances when only the outer packaging is date stamped upon receipt in the laboratory/facility, the addressee is responsible for date stamping (or hand dating via pen and ink) the contents, if found to be of critical business nature, immediately upon opening the package. This individual is also responsible for ensuring that the document is placed into the appropriate official file or is distributed to the proper person responsible for that type of correspondence/document, e.g., a subpoena.

III.A.2. Any Priority Mail Express, Priority Mail, or First-Class Mail which is marked or stamped "Confidential," "Personal" (or can be reasonably determined to be of personal nature such as a greeting card) or is clearly union business will not be opened by anyone other than the person to whom it is addressed.

III.A.2.a. In these instances, only the outer packaging will be date stamped upon receipt at the laboratory/facility.

III.A.2.b. The addressee becomes responsible for marking the receipt date on the contents and ensuring the document is handled appropriately if it is actually official departmental business.

III.A.2.c. An exception to this procedure would be someone officially named to an “acting” position, for example Acting Laboratory Director or Acting Bureau Chief, and permission to open confidential mail is granted by the respective Laboratory Director/Bureau Chief. Permission to open confidential or personal mail may be granted to a designated individual by any level of supervision/management or by any individual who wishes confidential mail to be opened during extended periods away from the laboratory/facility. The purpose of this permission is to ensure critical personnel documents and other correspondence which must be reviewed and initialed or signed are handled and forwarded for further required action.

III.A.3. Packages, including those containing evidence, must be date stamped on the outside and then routed to the appropriate individual or analytical section. When the package is opened, the opening individual will determine whether the contents must be date stamped (or hand dated via pen and ink) as well.

III.A.4. Care and common sense must be used when determining the location on a particular document to receive the date stamp. There may be instances when it is appropriate to date stamp a piece of note paper added to the document and not the original document.

### III.B. CONFIDENTIAL MAIL/CORRESPONDENCE

III.B.1. Certain specific items/correspondence sent from one Command facility to another Command facility, and when appropriate to the Division Office, must be sent in an envelope clearly stamped, on the address side at the minimum, “Confidential”. Examples include, but are not limited to: performance reviews; personnel issues of a personal nature, e.g., insurance information, beneficiary changes, Personnel Action Requests (PARs), salary issues; internal administrative investigation documents; disciplinary issues; union business.

### III.C. OTHER MAIL/CORRESPONDENCE

III.C.1. Mail which does not appear to be business related need not be date stamped upon receipt.

III.C.1.a. Examples of this type of mail include, but are not limited to, advertisements and “junk” mail.

III.C.1.b. If, upon opening an envelope, it is discovered that a piece of mail is of a critical business nature as described above, the addressee is then responsible for immediately date stamping (or hand dating via pen and ink) the contents. This individual becomes responsible for ensuring that the document is filed or handled appropriately.

III.C.2. The laboratory/facility is not to be used as a permanent address for conducting personal business.

III.C.2.a. Each Command employee is responsible for taking reasonable steps to ensure personal mail is not sent to the work address. Personal mail including, but not limited to: bank statements, utility bills, credit card statements, and internet/mail-order shipments are not to be routinely routed through the laboratory/facility.

III.C.2.b. The Laboratory Director/facility manager is responsible for ensuring that personal mail is not routinely accepted at the laboratory/facility. It is acknowledged that an exception to this procedure may be temporarily advantageous to the employee and/or the Command.

III.C.2.c. Permission to have personal mail received at a laboratory/facility will be considered, and may be granted, based on the merits of the situation, on a case-to-case basis, by the Laboratory Director/facility manager.

III.C.3. Whenever the person responsible for mail is uncertain how to treat a piece of mail, that item must be presented to a supervisor for advice or further handling.



Date of Original Issue: 10/01/96	Policy: <b>ADM 13 - Dress Code</b> Page 1 of 1
Date of Revised Issue: 08-18-25	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-25-04	

## I. POLICY

As a result of a Memorandum of Understanding signed July 31, 1991, it is agreed between the Illinois State Police and AFSCME that the following code of dress shall be adhered to by all Forensic Sciences Command RC-14/RC-28/RC-62 employees:

### I.A. Official Business

- I.A.1. For court appearances, traditional business attire is most appropriate. This includes, but is not limited to, suits, dresses, and tailored pantsuits. Appropriately coordinated footwear will be considered part of the overall ensemble. If an employee who has been previously notified of a court appearance is not properly attired for court, the employer will not grant paid state travel time for the employee to change clothing.
- I.A.2. For other official business such as agency contacts, Command meetings, and professional training sessions (unless the situation dictates that less formal dress would be more appropriate), business casual attire is most appropriate. This includes, but is not limited to casual slacks and skirts, collared shirts, blouses, and sweaters. Appropriately coordinated footwear will be considered part of the overall ensemble.

### I.B. Laboratory/Office - Non-Suitable Clothing

- I.B.1. The following are not considered appropriate attire and shall not be worn in the laboratory/office.

- I.B.1.a. Cutoffs
- I.B.1.b. Shorts
- I.B.1.c. Garments that expose the midriff.
- I.B.1.d. Garments that are patched, frayed, threadbare, irregularly faded (blotched), or with holes.
- I.B.1.e. Unclean garments.
- I.B.1.f. Sandals, ventilated clog-style shoes, open-toed shoes, and canvas sneakers (not permitted in areas where hazardous chemicals or biological fluids are present).
- I.B.1.g. Garments with slogans or advertisements (other than garment brand name). An exception to this would be garments displaying an approved ISP logo, provided the garment does not violate any other provisions of this directive.
- I.B.1.h. Athletic sweatshirts and sweatpants.
- I.B.1.i. Athletic/under shirts, unless covered by another layer of clothing.
- I.B.1.j. Athletic specialty shoes (leather running and walking shoes are acceptable).



## Forensic Sciences Command



Date of Original Issue: 10/01/96	Policy: <b>ADM 14 - Laboratory Security</b> Page 1 of 7
Date of Revised Issue: 04/21/25	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-25-02	

## I. POLICY

The Forensic Sciences Command requires procedures which provide for the protection of all command employees, laboratory physical plant security, protection for all building contents, and confidential records.

## II. DISCUSSION

Because of the critical importance of physical evidence in relation to the successful investigation and adjudication of criminal and civil cases, forensic laboratory personnel must ensure that physical evidence is properly handled, secured, and preserved. Therefore, each Laboratory Director will establish and maintain procedures which will minimize the potential for loss or destruction of evidence, equipment, or confidential records.

## III. PROCEDURE

Each Laboratory Director will establish and maintain comprehensive security procedures for his/her laboratory. All procedures must fit under the broader guidelines of this directive.

Each Laboratory Director will use the following basic guidelines to formulate security procedures for his/her laboratory:

## III.A. Evidence Storage Rooms

III.A.1. Unauthorized entry will be prevented by a key system and monitored by motion detectors. Minimum construction shall be solid ceiling, i.e., a suspended ceiling prohibited unless the walls intersect with a solid deck or ceiling. Labs with 24/7 on-site security may meet this requirement with vault cameras being monitored by security in lieu of motion detectors.

III.A.2. Metal doors that are hinged inside the vault are recommended, although solid-core wooden doors are acceptable.

III.A.3. The Laboratory Director is responsible for meeting the semiannual and monthly evidence inspections required by ISP policy.

III.A.4. Each Laboratory Director will ensure that all drug standards are maintained in a secured area. The drug standard custodian will accompany another laboratory employee while the employee performs an annual inventory of all drug standards and will report the results of this inventory to the Laboratory Director.

## III.B. Evidence Tracking and Control

III.B.1. The transporting of evidence outside of the laboratory will be limited. An employee will not transport evidence to his/her residence. Except as noted in this section, an employee will not transport evidence to a court or another laboratory location without the preauthorization of the Laboratory Director.

III.B.2. As long as adequate security and preservation exist, all evidence does not have to be relocated from evidence drop-off lockers before the end of the day. Management will be responsible for ensuring this evidence is signed in by authorized person(s) within a reasonable time period.

III.B.3. Forensic scientists may hold in a short-term storage area, to which only authorized personnel have access, the amount of drug evidence which can be worked in one week.

III.B.4. The Laboratory Director will ensure that evidence tracking allows evidence to be readily located by analytical or management staff.

III.B.5. In the instance that an item(s) of evidence is found to be missing, the following actions will occur:

III.B.5.a. For evidence in the custody of a lab employee, but identified as missing while outside the laboratory (e.g., while transporting to court, transferring to another lab, etc.) immediate notification to the Laboratory Director and Command is required.

III.B.5.b. For evidence identified as missing while believed to be within the laboratory (e.g., observed missing in a vault audit), the employee will immediately initiate a search to locate the missing evidence and notify the Laboratory Director. If the evidence is not located within two working days of when the evidence was discovered as missing, the Laboratory Director will inform his/her Bureau Chief or the Commander if the Bureau Chief is unavailable.

III.B.5.c. If it was determined the missing evidence was returned to the agency, laboratory management must visually confirm the agency has custody (e.g., agency brings evidence back to the laboratory or sends a picture of the evidence). The Director of Quality Assurance or designee must authorize any exceptions.

III.B.5.d. The Laboratory Director will begin to prepare an Illinois State Police Division of Internal Investigation “Checklist for File Initiation Report,” Form ISP 3-034 (available at <https://isp.portal.illinois.gov/generalinfo/Lists/Document%20Library/AllItems.aspx>) describing the incident, but will not contact DII until directed to do so by Command. Laboratory management will also initiate a Quality Issue Report per QM-8 of the Command Quality Manual.

III.B.5.e. Laboratory personnel will continue to search for the missing evidence. If by the end of the fifth working day the evidence is not found, the Laboratory Director will seek Command's authorization to forward the form ISP 3-034 to the appropriate DII office for initiation. If the missing item(s) is drug or firearm evidence, then DII personnel must investigate the incident.

III.B.5.f. If the evidence is found after the form ISP 3-034 was submitted, the Laboratory Director will inform the DII office and Command. Further actions will be determined by DII personnel.

### III.C. Controlling Access

III.C.1. The Laboratory Director or his/her designee will maintain an assignment log of all facility keys, card access keys, and other security sensitive keys. The distribution of keys will be limited and, at a minimum, an annual audit will be conducted. Keys which are designated as "security sensitive" keys, will require a higher degree of scrutiny by storing them in a locked box with limited access. Documentation of key usage will be maintained. Keys which specifically come under this designation are:

III.C.1.a. Drug evidence storage area keys.

III.C.1.b. Other keys which are designated by the Laboratory Director or command administration as requiring a high degree of security.

III.C.2. The Laboratory Director will ensure that former employees of the facility are "keyed out" of the facility once employment ends by changing alarm codes and access to the facility.

III.C.3. Each laboratory will have an electronic access control system. The system will, at a minimum, monitor access to all evidence storage areas and all points of entrance and exit. The Laboratory Director will review the system printout/reports, on an as needed basis, checking for inappropriate access by laboratory staff.

III.C.4. Each laboratory facility will have only one primary area of entrance and egress. (Note: The Forensic Science Center at Chicago (FSC-C), Metro-East Forensic Science Laboratory, and the Joliet Forensic Science Laboratory have a primary area of entrance for visitors and a secondary area of entrance for employees.) This area must be alarmed or have on-site security and be equipped with proper locks. The employee who controls the primary area will have access to a panic button that will alert the local police department in case of an emergency. Management will be informed of the situation as soon as possible or when notification can be made in a safe manner. Laboratory management should establish appropriate protocol with the local police department to follow in the event of an emergency. This should include contacting the local ISP District Office informing them of the immediate emergency in addition to contacting laboratory management (via cellular phone or other agreed upon method) when it can be done in a safe manner. A visual alarm notification system, such as a flashing light, within the Laboratory Director's and/or other manager's office(s) may be considered if facility conditions permit. Visitor and employee access to all other entrances will be restricted. All other possible entrances to the facility must be protected by an intrusion alarm.

III.C.5. As determined by the Laboratory Director, lighting, fences and/or bullet proof glass will be used, as appropriate, for laboratory security.

III.C.6. No one will be permitted to access the laboratory without displaying valid identification (unless the person is known to the laboratory staff member controlling laboratory access). A police uniform is not considered proper identification. In addition, the Laboratory Director is responsible for verifying that anyone attempting to access the laboratory to conduct repairs or maintenance has a legitimate reason to access the facility. Also, the Laboratory Director must confirm that the work has been authorized. If the work will impact a system involving other command laboratories, the Laboratory Director must check with the person assigned to coordinate that particular system (e.g., NIBIN).

III.C.7. Before being permitted access to any laboratory area, all individuals who do not work at the laboratory will sign a log book and be issued a visitor tag. All visitors will be escorted except as exempted by the Laboratory Director.

III.C.8. The Laboratory Director will establish procedures to ensure that all maintenance and cleaning of the laboratory is performed so as to minimize work disruption, and to ensure proper security is maintained.

III.C.9. Only authorized personnel are permitted to operate ABIS/NIBIN/CODIS equipment and perform ABIS/NIBIN/CODIS functions. Authorized personnel are those laboratory personnel who have been provided a password to operate any or all of the above equipment.

III.C.10. The Laboratory Director will ensure that all perishable/fragile evidence is stored in such a manner as to maintain its evidentiary value.

III.D. Off-Hour Access

III.D.1. No laboratory employee will access the laboratory outside of normal laboratory working hours without permission of the Laboratory Director or his/her designee. Normal laboratory working hours include that interval when each laboratory is occupied for work to accommodate work times such as the four-day work week and flex time schedules.

III.D.2. Laboratory employees or Scene and Evidence Services Command employees may access the facility to handle an off-hour emergency. The employee must, on the first working day after the emergency, contact the Laboratory Director to ensure appropriate follow-up action is taken. All off-hour access for Forensic Sciences Command staff must be recorded on a sign/in - sign/out sheet.

III.D.3. All analytical examinations will be conducted in a safe manner. For safety reasons, the Laboratory Director will not permit an employee to perform certain analytical examinations in the laboratory unless another employee is in the facility or if circumstances dictate and are approved by either command or laboratory administration, i.e., emergency casework or overtime; however, an employee must follow safe laboratory practices if allowed to perform examinations as described above. Employees must coordinate their activities in such situations, especially when they are working in different physical locations. These analytical

examinations include, but are not limited to: all processing of drug evidence, discharging of firearms, use or maintenance of instrumentation, equipment and mechanical devices which have the potential for causing serious injury (activities associated with routine instrument operation such as “pushing buttons” are not considered a safety hazard), handling and/or using organic solvents and caustic chemicals in amounts greater than one hundred milliliters.

- III.D.4. During off-hours, the Laboratory Director will limit the access of forensic scientist trainees in the analytical areas of the laboratory facility unless accompanied by a training coordinator/facilitator. Laboratory Directors will limit the off-hour access of experienced individuals, who are hired as a forensic scientist in the analytical areas of the laboratory until the employee has completed his/her first six months of employment. The regional Bureau Chief may grant exceptions to this policy.
- III.D.5. The Laboratory Director can permit visitors, to include an employee’s immediate family or any person who is not a laboratory employee, to enter the laboratory; however, such visits will occur only during normal working hours (8:30 a.m. to 5:00 p.m.). Such visits, including tours by officers or approved organizations, are to be of brief duration. Visitors must be closely monitored by laboratory personnel in all secure areas. Unless required for specific case purposes, no actual evidence will be visible during visits/tours. Police officers or crime scene investigators will be permitted access only to the area(s) required for evidence receiving, or evidence processing when the officer’s aid is necessary or mutually agreed upon by the Laboratory Director, crime scene investigators, and police officers.
- III.D.6. During off-hours the Laboratory Director can permit support personnel to have independent access to the laboratory facility, but not to any analytical area. Each Laboratory Director will publish within their facility operating manual the specific positions affected by this provision. Exceptions to this policy are permissible with written approval of laboratory management and will be listed in the laboratory facility operations manual.

### III.E. Security of Original Case File Documents – Paper Master Files

- III.E.1. Original case file documents are not to be taken to court unless so directed by a court order. If so ordered, a complete copy of the item(s) must be retained at the laboratory.
- III.E.2. Original case file documents can only leave the original laboratory to go to another ISP laboratory or to Archives. The documents are not allowed to be taken to any other location (e.g., a professional copy service, with inspectors to hotel rooms, home, or non-ISP laboratories). Exceptions to this policy must have Bureau Chief approval.
- III.E.3. If any original case documents need to be sent to an analyst in another ISP laboratory, the originating lab must keep a copy or have a mechanism to identify who has the original documents (e.g., an “out” card with signature). However, the Master Case File Folder never leaves the originating laboratory until it is sent to Archives.
- III.E.4. Each Laboratory Director will develop a policy regarding secure transport and tracking of original documents/case files which is specific and meets the special needs and situations of that laboratory. Security of files and loss prevention must be considered when the policy is developed.

III.E.5. In the instance that a case file is found to be missing, the Laboratory Director will immediately initiate a search to locate the missing file. If the file is not located within five working days of when the file was discovered as missing, laboratory management should refer to sections QM-8 and QM-17 of the Command Quality Manual to determine the appropriate course of action.

III.F. Security of Original Case File Documents – Electronic Case Records

III.F.1. When the official case record is electronic, any printouts are considered copies and may be transported for court or used for other purposes similar to those allowed by III.E. above.

III.G. New Employee Security Procedures

III.G.1. The Laboratory Director will provide each new employee with an orientation program that includes reinforcement of the command's Rules of Conduct and the laboratory's specific policies regarding laboratory security/personnel safety.

III.G.2. All new employees for the positions of senior public service administrator, public service administrator, forensic science administrator, forensic scientist, state police evidence technician, and all clerical/support positions must pass the following testing criteria: pre-hire standard polygraph examination, type "A" background investigation, and pre-employment drug testing. Note: A type "A" background investigation is a full investigation and includes such actions as: contacting references, past employers, neighbors/landlords, along with a credit and criminal history check.

III.G.3. All support employees who transfer into the Forensic Sciences Command must also pass a type "A" background investigation. Existing labor contract provisions might preclude the ability to administer a polygraph examination and/or a drug test.

III.G.4. All contractual employees must pass a standard polygraph examination and a three-day background check. If it is anticipated that a contractual employee will be employed for greater than a six-month period, a type "A" background investigation is required.

III.G.5. Interns are governed by departmental policy and division policy. Before final acceptance, the intern must successfully pass the polygraph screening process established by the Forensic Sciences Command.

III.G.6. Command administration will review all background investigation reports conducted on new Forensic Sciences Command employees. If desired, a Laboratory Director may contact the command staff administrator to make arrangements to review background reports on one of his/her new employees.

III.G.7. The Training and Applications Laboratory Director will provide to each operational Laboratory Director all necessary, pertinent information regarding each trainee to be assigned to the operational laboratory.

III.G.8. New hires, whose normal job function requires access to standards, evidence and laboratory areas, may have the same access to standards, evidence, and laboratory areas as that of an experienced examiner based on the results of the three-day background investigation pending receipt of the full background investigation. Final determination of access is at the discretion of the Laboratory Director.

III.H. Reference Collections

- III.H.1. Access to reference collections will be limited to section members and laboratory management.
- III.H.2. 100% of the Firearms reference collection will be inventoried annually. Drug Standards accountability is detailed in TCH 17.



Date of Original Issue: 06/01/01	Policy: <b>ADM 15 - Analysis/Examination of Evidence Having the Most Potential to Answer Case Questions</b> Page 1 of 2
Date of Revised Issue: 12/03/18	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-18-08	

## I. POLICY

The Forensic Sciences Command will perform analysis/examination only on those items submitted which have the most potential for providing information to the submitting agency. Reports issued for a case will reflect the evidence that was analyzed/examined and the results of all tests performed.

## II. DISCUSSION

The Illinois State Police, Forensic Sciences Command, strives to provide user agencies with accurate and thorough analyses/examinations that can be reported in a timely manner within available resources and according to accepted analytical practices in place at the time of submission. In order to accomplish this, the judicious and economical utilization of command resources is encouraged. The examination of forensic evidence must be confined to relevant items that thoroughly answer case questions. Analyses/examinations of irrelevant or immaterial items are a waste of resources. Depending upon the nature and circumstances of the crime, effective analysis/examination policy may require close communication and cooperation with the investigative agency. The Forensic Sciences Command does not have sufficient resources to examine every item of evidence. Therefore, analysts must use discretion in determining which item(s) to examine. Items not examined will be reported as such to the submitting agency in the written report. However, if an agency provides additional information which shows the item has potential case benefit, the item will be examined at the request of the agency.

II.A. Practical examples of this case analysis/examination policy may include:

- II.A.1. Restricting the techniques used on an item due to the nature and/or condition of the item, or the relevancy of the item to the offense or investigation.
- II.A.2. Deferring additional analyses/examinations in the case when at least one meaningful identification or association from at least one relevant item of evidence has been made to each suspect in the case.
- II.A.3. If an examiner has identified at least one suspect, he or she may defer further examination. The agency must be notified of the deferral in case additional examination is needed.
- II.A.4. Further examples of this policy are contained, if applicable, in the various evidence submission guidelines for each type of evidence.

II.B. Cancelling the Examination of Submitted Forensic Evidence

II.B.1. Laboratory personnel may cancel an assignment for examining submitted forensic evidence for reasons including, but not limited to the following:

- II.B.1.a. Evidence submitted did not meet case acceptance policy.
- II.B.1.b. After obtaining updated case information from the agency or State's Attorney's Office indicating analysis is not necessary.
- II.B.1.c. Upon determining case has been adjudicated in court (except in sexual assault cases).

II.B.2. The reason(s) for cancelling the examination will be documented and the written record will be maintained in the case file.

II.B.3. The cancellation will be communicated to the agency.

- II.B.3.a. Oral communication will be documented via the case correspondence in the Laboratory Information Management System (LIMS) or on a telephone conversation sheet (see form ISP 6-125) and scanned into the LIMS. The record will indicate: who was spoken to, when the conversation occurred, and a general outline of the information exchanged along with the laboratory employee's signature or initials. The document generated will also bear the laboratory case number in addition to any other information the employee deems useful or necessary.
- II.B.3.b. E-mail correspondence for communication of case information must be professional in content. In addition to the e-mail header information (sender, recipient, date, and time), the e-mail document must bear the laboratory case number and any other information the employee deems useful or necessary.
- II.B.3.c. If the communication is documented in the laboratory report, the report wording specified in the Procedures Manual will be used.



## Forensic Sciences Command



Date of Original Issue: 04/06/01	Policy: <b>ADM 16 - Electronic Mail</b> Page 1 of 1
Date of Revised Issue: 07/01/07	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-09-01	

## I. POLICY

In order to ensure the integrity of communication within the Forensic Sciences Command, it is prohibited that any electronic mail communication, in any form, be altered/edited in any fashion except by the originating author. This does not include any attached documents to an e-mail that are forwarded for review and editing for official state business.



## Forensic Sciences Command



Date of Original Issue: 10/25/02	Policy: <b>ADM 17 - State Government “Green Activities”</b> Page 1 of 4
Date of Revised Issue: 03/14/24	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-24-03	

## I. POLICY

The Forensic Sciences Command (FSC) will adhere to Governor George H. Ryan’s Executive Order Number 11 (2001), Executive Order for State Government “Green Activities” as closely as possible within available resources and other operational restrictions.

## II. AUTHORITY

Executive Order Number 11 (2001) see ADM Appendix 3.

## III. DISCUSSION

The executive order is based on recommendations of the Illinois Green Government Coordinating Council which was formed by the Governor to help state executive agencies improve the environmental and energy efficiency of their facilities and operations. Executive Order Number 11 targets four major areas of environmental concern: waste reduction, energy efficiency, environmentally preferable purchasing and “green buildings.”

## IV. PROGRAM MANAGEMENT

The FSC has established a Green Government Program Manager (GGPM) to coordinate efforts of the Command to address the elements of Executive Order Number 11 (2001). A designated Bureau Chief will serve as the GGPM. The GGPM will coordinate educational and other actions with a Green Government Coordinator (GGC) located at each Command facility. Each Laboratory Director or facility manager will assign a staff member to serve as the GGC contact for that laboratory/facility.

## V. RESPONSIBILITIES

■ V.A. Green Government Program Manager (GGPM) The manager is responsible for developing and maintaining a detailed program plan for waste reduction. In addition, the GGPM will coordinate educational and other actions with the GGC at each laboratory/facility. The GGPM will coordinate the program effort for state owned laboratory facilities for regular maintenance on all heating, ventilation, and air conditioning (HVAC), and lighting systems. HVAC activities to include: lubricating, vacuuming, cleaning, and checking seals to ensure optimum efficiency. The Illinois State Police (ISP) Logistics Bureau and Illinois Department of Central Management Services should ensure adequate provisions for regular maintenance of the normal HVAC systems are included in rental leases. The GGPM will review the program as necessary with each GGC.

- V.B. Green Government Coordinator (GGC) The GGC is responsible for conducting or ensuring educational programs and other actions for waste reduction are conducted at the GGC's laboratory/facility. The GGC will work in conjunction with the Command GGPM. Each GGC will document the local program for regular maintenance on all lighting and HVAC systems. At some facilities, these activities will have to be coordinated with the facility landlord. The GGC will provide an annual report to the Command GGPM in a format that is specified by the ISP Green Government Coordinator. The GGC, in conjunction with the Laboratory Director/facility manager, will ensure the elements outlined in the specific areas of environmental concern are addressed within available resources and other operational directives.

## VI. PROCEDURES

- VI.A. Waste Reduction Each Laboratory Director/facility manager, working with the local GGC, shall implement the following best management practices to reduce waste generation wherever feasible.
  - VI.A.1. Whenever possible specify that all new and re-manufactured photocopy machines and printers purchased shall have duplexing (double-sided) capability.
  - VI.A.2. Require all laser printing jobs to be double-sided unless specific justification is provided to not require double-sided printing. Exceptions may be granted when existing technology does not allow for duplexing or when specific documents require single-sided printing.
  - VI.A.3. Establish laboratory/facility policies based on operational needs requiring personnel to copy on both sides of paper (where appropriate), make the least number of hard copies necessary, route documents rather than distribute copies, post memos and documents in central locations, proof documents on the computer screen (when possible), store files electronically rather than in hard copy, avoid needless printing of e-mail and take other reasonable steps to save paper. Conduct educational programs to encourage adherence to the laboratory/facility policy and ensure duplication of two-sided documents is accomplished accurately and other paper waste reduction procedures are followed. Since a laboratory report is generated with an anticipation that it will become an official court document, a report may be printed on a single side of paper to ensure legibility and, when required, enhance faxing or duplication.
  - VI.A.4. Continue, where appropriate, to eliminate unnecessary paper transactions by increasing the use of electronic media, such as e-mail and the Internet, to circulate or distribute announcements, memoranda, documents, reports, forms, manuals, and publications. All automated systems existing or developed within the Command should incorporate resource conserving measures when appropriate. As an example, measures may include the ability to have the option to print or not print selected material.
  - VI.A.5. Encourage the use of self-sticking addressing labels (when use of such a label is appropriate as dictated by Command or Laboratory Director) instead of printing full fax cover sheets. Labels must be placed in such a way not to obscure information on the document. Utilize appropriate procedures to eliminate the confirmation receipt report produced by the fax machine whenever appropriate for the local operation.
  - VI.A.6. Use rechargeable batteries in all battery powered devices whenever possible and the use will not present a potential to compromise laboratory operations,

efficiency, or personal safety.

VI.A.7. Establish an office re-use program (e.g., re-use cabinets, rooms, or on-line exchanges) where unneeded supplies can be returned for re-use or re-issuing. This effort will be formalized in each laboratory/facility operations manual.

VI.A.8. Create a system to keep distribution and mailing lists current to avoid duplication. This system will be formalized in each laboratory/facility directives manual.

VI.A.9. Encourage the use of reusable products when they are available, economically viable, and the use is appropriate for specific laboratory/facility operations, analytical or otherwise, along with minimizing the use of disposable products. This action will be formalized in each laboratory/facility manual.

VI.A.10. To the extent feasible, acquire items that are more durable, have minimal packaging, or are readily recyclable when discarded. This action will be formalized in each laboratory/facility manual.

VI.A.11. Provide ongoing training and education to employees to enhance participation in recycling programs. Participate in departmental and local recycling programs to the fullest extent possible. See ISP policy ADM-021, I-CYCLE.

VI.B. **Energy Efficiency** Each Laboratory Director/facility manager working with the local GGC shall implement the following best management practices to reduce energy consumption wherever feasible, based on available resources and within other operational department or Command Directives. See also ISP policy ADM-131, ELECTRICITY CONSERVATION.

VI. B.1. Specify that all new electronic office equipment purchased, including computers, monitors, printers, scanners, and copiers, shall be Energy Star compliant. The energy-saving feature will be activated unless it is demonstrated to the Illinois Green Government Coordinating Council that the feature will hinder performance of specific equipment, file servers, or networking applications.

VI.B.2. Conduct educational programs to encourage employees to turn off lights, computers, copiers and other machines, and equipment when not needed.

VI.B.3. In conjunction with GGPM and assistance from the ISP Logistics Bureau, establish procedures to adjust window treatments to take advantage of solar heat gain during winter daylight hours and repel solar heat gain during summer daylight hours. Actions must ensure scientific HVAC requirements are sustained.

VI.B.4. Establish a program to perform regular maintenance on all lighting and HVAC systems to include such actions as lubricating, vacuuming, cleaning, and checking seals to ensure optimum efficiency. In some instances, this activity must be coordinated with the facility landlord. Each laboratory/facility GGC will provide the laboratory/facility-documented program to the Command GGPM for incorporation into the Command-wide document. The maintenance program will be conducted thereafter on a continuing basis. The GGPM will review the program as necessary with each coordinator.

VI.B.5. Whenever facility renovations are planned or new facilities are to be built, work with the Logistics Bureau Facility Coordinator to evaluate the feasibility of converting to more energy-efficient lighting systems (e.g., compact fluorescent bulbs, T-10 and T-8 lighting fixtures, electronic ballasts, light-emitting diodes exit

signs, occupancy sensors, and lighting controls).

- VI.B.6. Establish procedures to identify and eliminate leaks in building exteriors, such as walls, windows, doors, ceilings, and floors.
- VI.B.7. Establish procedures, where appropriate, to reduce unnecessary use of lighting and HVAC systems during unoccupied hours, and to adjust thermostats to maximize energy savings while providing occupant comfort. Efforts will ensure certain scientific HVAC requirements are sustained.
- VI.B.8. In an effort to reduce fuel consumption, take necessary steps to ensure vehicles assigned to the laboratory/facility undergo regular scheduled maintenance as required by the department=s Fleet section.
- VI.B.9. Support the Department=s Fleet Section program goals regarding fuel efficiency.

- VI.C. **Environmentally Preferable Purchasing** Each Laboratory Director/facility manager working with the local GGC shall adhere to the following criteria for any laboratory/facility remodeling/renovation projects which do not require a lease amendment.

- VI.C.1. Whenever possible, specify that paints purchased to be used for remodeling, repair, and renovation projects be zero or low volatile organic compound (VOC) paints that meet Green Seal standards for interior and exterior coatings.
- VI.C.2. Whenever possible, specify that carpet and carpet backing purchased for remodeling and renovation projects contain post-consumer recycled content. In addition specify, whenever possible, that carpet installation products be used that meets the Carpet and Rug Institute Indoor Air Quality Carpet Test Green Label Guidelines.

NOTE: The criteria for VI.C. are within the normal duties of the ISP Logistics Bureau for any item that requires a lease amendment or for a state-owned facility. The Command will rely on the Logistic Bureau, however each Laboratory Director/facility manager should work with the Logistics Bureau liaison to ensure these criteria are addressed.

- VI.D. Each Laboratory Director/facility manager, working with the local GGC and in conjunction with the GGPM, shall promote the guidelines, when appropriate, established by the Illinois Capital Development Board regarding “green buildings.” These criteria would indicate the incorporation of green building features into new and renovated facilities; however, responsibility for enactment of the guidelines promoted rests with the ISP Logistics Bureau and the Department of Central Management Services. The guidelines would be flexible taking into account practical requirements of building design and construction as well as costs, agency or Command needs, building code requirements, and changing technologies.



## Forensic Sciences Command



Date of Original Issue: 04/01/02	Policy: <b>ADM 18 - Electronic Manuals</b> Page 1 of 2
Date of Revised Issue: 08/18/25 Revision Transmittal Number: T-25-04	Compliant with ISO 17025 standards and the ANAB accreditation requirements.

## I. POLICY

The online (<https://ilgov.sharepoint.com/sites/ISP.Forensics/SitePages/Home.aspx>) Command manuals (Command Directives, Quality, Safety, Procedures, Training, and individual laboratory operations) which contain the quality documents for the Forensic Sciences Command (FSC), will be the official manuals. These manuals are the sole source of the Forensic Sciences Command's latest valid version of methods, procedures, and supporting documentation relevant to laboratory activities. Any deviations from the methods and procedures contained in these manuals may result in corrective action in accordance with QM-8.

Manuals/revisions are approved by Command Administration or the Director of Quality Assurance. All printed copies of the manuals (or parts of the manuals) will be defined as non-controlled copies. The order or hierarchy of these manuals is as follows: The Command Directives, Quality Manual, and Safety Manual provide the guidelines for quality and safe operations; the laboratory operations manual amplifies these manuals for a particular laboratory, while the Procedures and Training Manuals provide the methods and techniques necessary to perform analytical work.

## II. DEFINITIONS

- II.A. Official Manual - the electronic version of a Command manual is the official manual.
- II.B. Non-Controlled Copy - a printed copy of an official manual (or part of a manual).

## III. PROCEDURES

## III.A. Electronic Distribution and Record Keeping

- III.A.1. Notification of updates for a manual will be provided electronically to each Laboratory Director and Command administration by the person or designee named responsible for publishing/updating the manual. Information as to revision status is maintained in either a document header or footer. Revised text will be signified by a bar in the margin or by an accompanying revision memo.
- III.A.2. Electronic notifications of updates to a manual will also be provided to each appropriate individual by Command or other authorized personnel. A distribution list will be maintained by the source of the distribution (e.g., Command, Training and Applications Laboratory).

- III.A.3. A copy of each notification will be kept in an electronic file for archive purposes by the employee designated responsible for publishing/updating the manual.
- III.A.4. Manuals/documents will be reviewed annually, at a minimum, to ensure continuing compliance with requirements, with the exception of Training Manuals and Procedures Manuals which have a specified review date.
- III.A.5. Obsolete manuals/documents will be watermarked “ARCHIVED” and maintained in a restricted access electronic file for archiving purposes.

III.B. Non-Controlled Copy of a Manual

- III.B.1. A Laboratory Director may, at his or her discretion, authorize a printed copy of a manual(s) for the laboratory.
- III.B.2. All printed copies of official manuals are considered non-controlled. Any individual that uses a printed copy from a manual is responsible for ensuring that actions based on the policy/procedure/directive are in compliance with the official manual, removing any obsolete/invalid documents so that they may not be used.



## Forensic Sciences Command



Date of Original Issue: 02/11/02	Policy: <b>ADM 19 - Minimum Hours for Part Time Work Schedules</b> Page 1 of 1
Date of Revised Issue: 1/10/19	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-19-02	

## I. POLICY

■ The following is the Forensic Sciences Command policy for all individuals working a part time schedule:

- I.A. If an individual is working only 15 hours per week, the individual must work that time as two - seven and one-half hour days.
- I.B. If the individual is working more than 15 hours per week, the individual should work a minimum of six hours per day. If someone is working 18 hours per week, it might be more effective for the individual to work three - six hour days instead of two - seven and one-half hour days and one - three hour day.
- I.C. With the exception of I.A. above, the Laboratory Director has discretion to approve individual modifications to these provisions in order to address the operational needs of the laboratory.



## Forensic Sciences Command



Date of Original Issue: 08/30/02	Policy: <b>ADM 20 External Dissemination of Command Manuals</b> Page 1 of 1
Date of Revised Issue: 07/20/23	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-23-02	

## I. POLICY

In order to ensure control of Forensic Sciences Command (FSC) policies, procedures and information contained within all manuals, only the Commander or his/her designee is authorized to disseminate requested information to entities external to the Illinois State Police (ISP), Forensic Sciences Command. This policy does not apply to dissemination of manuals in response to a court ordered subpoena (refer to EVH 22).

## II. PROCEDURES

II.A. All requests for a copy of any Forensic Sciences Command policies, procedures and information contained within all manuals will be directed/forwarded to the Commander or his/her designee at FSC headquarters. A request must be in writing on official agency/organization letterhead and must specifically describe what is requested. Depending on the actual request, the Commander or his/her designee may accept a detailed e-mail from the requestor.

Note: ISP personnel are exempt from the requirement to forward a request on letterhead; however, the request (e.g., via e-mail) must still be forwarded to the Commander.

II.B. The Commander or his/her designee will determine if the request will be honored.

II.B.1. If the request is not granted, the Commander or his/her designee will notify the requestor.

II.B.2. If the request is approved, the Commander or his/her designee will have a compact disc made of the applicable manual(s). Other information requested may be provided in hard copy or on compact disc.

II.B.2.a. The compact discs will be dated and contain a statement on the label that no further dissemination of the information or manual itself may occur. All compact discs created for dissemination will be "Read only".

II.B.2.b. Each compact disc that is disseminated will have a letter of authorization signed by the Commander or his/her designee. This letter limits authorization for any subsequent dissemination and articulates the professional expectations of the FSC by the user for the content in whole or part. A copy of each letter sent will be maintained by the Commander or his/her designee.

II.B.2.c. A dissemination log will be maintained at Command and will include the entity/individual's name, name of manual(s) and/or other information provided, date of any compact disc creation, and date of dissemination.



## Forensic Sciences Command



Date of Original Issue: 6/30/05	Policy: <b>ADM 21 - Control of Records</b> Page 1 of 5
Date of Revised Issue: 08/27/25	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-25-05	

## I. POLICY

The Forensic Sciences Command will establish and maintain procedures for the identification, collection, indexing, access, filing, storage, maintenance, and disposal of Command quality and technical records.

## II. DISCUSSION

Because of the critical importance of controlling and protecting all Command records, the following procedures for identifying and handling records are established. Each Laboratory Director is responsible for ensuring the established procedures are followed at his or her laboratory. Designated Command staff are responsible for Command wide documents.

## III. QUALITY RECORDS

## III.A. Identification - Quality Records include the following:

- III.A.1. Internal/External Audit Reports
- III.A.2. Management Reviews
- III.A.3. Quality Issue Reports
- III.A.4. Laboratory Quality Flags
- III.A.5. Procedure change(s) such as those affecting the Command Directives Manual, Procedures Manual, Quality Manual, or Safety Manual.
- III.A.6. Quality assurance measures which include case file reviews, re-analysis of cases, reports of on-site visits, internal proficiency tests, external proficiency tests, court cards, DNA continuing education and literature review documentation, and meetings of the Command Quality Assurance Committee.
- III.A.7. Safety Records which include hearing tests, injury reports, blood lead testing, safety audits, and meetings of the Command Safety Committee.
- III.A.8. Records of Preventive Action(s)

III.B. Collection - Quality Records are collected in the following manner:

- III.B.1. Internal/External Audit Reports are collected by the Director of Quality Assurance (DQA)
- III.B.2. Management Reviews are collected by the DQA
- III.B.3. Quality Issue Reports are collected by the DQA
- III.B.4. Laboratory Quality Flags are collected by the Laboratory Quality Manager (LQM)
- III.B.5. Procedure(s) changes are collected by the DQA, Program Manager, and/or the designated Bureau Chief
- III.B.6. Quality assurance measures are collected by the DQA
- III.B.7. Safety Records are collected by the DQA and Laboratory Safety Officers
- III.B.8. Preventive Action(s) are collected by the DQA

III.C. Indexing - Quality Records are indexed by the laboratory with the following exceptions:

- III.C.1. Procedure(s) changes are indexed by laboratory discipline or for operational changes, such as the Command Directives Manual, Quality Manual, or Safety Manual, by the date of implementation.
- III.C.2. Meetings of the Command Quality Assurance Committee are indexed by the date of occurrence.
- III.C.3. Hearing Tests and Blood Level Tests are indexed by the date of occurrence.

III.D. Access - Command Quality Records may be accessed only by Command Administration and the Director of Quality Assurance. Laboratory Directors and the Laboratory Quality Manager have access only to records pertaining to their laboratory, unless otherwise approved by the DQA. Additionally, records which pertain to safety may be accessed by the Laboratory Safety Officer, but only for records pertaining to their assigned laboratory. Quality records other than meeting minutes and procedure change(s) are considered confidential.

III.E. Filing, Storage, Maintenance, and Disposal of Records

- III.E.1. Command Quality Records are filed and maintained by the Director of Quality Assurance. Quality Records are stored at Command Headquarters under the control of the DQA either by "hard copy" or by electronic means. All quality records are retained in accordance with the Application 17-045 of the State Records Commission (see ADM Appendix 7). Records pertaining to safety are to be retained on a schedule which is determined by OSHA or the Illinois Department of Labor.
- III.E.2. Laboratory Quality Records are filed and maintained by the Laboratory Quality Manager. These records are duplicates of the records maintained by the Director of Quality Assurance and may be disposed of after five (5) years. The Laboratory Quality Flags will be maintained indefinitely by the LQM. Since the laboratory receives duplicates of completed QIRs for reference only, the disposal of these duplicate records is at the laboratory's discretion. All other storage and security measures as previously noted will be followed while the laboratory possesses such records.

IV. EQUIPMENT FILES

- IV.A. An asset shall be created in the Laboratory Asset Manager (LAM) for each analytical instrument/equipment in the laboratory for which documentation is generated to demonstrate compliance with the quality program to include the Command and section quality manuals, standards and controls, Command policy and/or accreditation standards.
- IV.B. Definitions - For the purpose of this directive, records to demonstrate compliance with the quality program are defined as follows:
  - IV.B.1. Calibration Records - All records generated to document the calibration of analytical equipment.
  - IV.B.2. Function Check Records - All records generated to document analytical equipment function. The section's quality manual/procedures manual specifies the required function checks which must be performed for the instrument based on its use.
  - IV.B.3. Instrument Logs - All records defined by EQP 5 III.C. (Requirements for Acceptance of Major Equipment), to include the documentation initiated upon the receipt of an analytical instrument as well as that for maintenance/repair of the instrument.
  - IV.B.4 Standards/Controls Records - All records generated to document quality control procedures associated with the analytical instrument. Examples include spectra of reference standards and reference material; positive and negative controls; or control charts that are not included/stored in the case files. The section's quality manuals/procedures manuals specifies the required quality control procedures which must be performed for the instrument based on its use.
- IV.C. Identification – Assets will be identified by the following information in the LAM, where applicable:
  - IV.C.1. Lab Code
  - IV.C.2. Assigned Section
  - IV.C.3. Asset Type
  - IV.C.4. Serial number/Inventory, where applicable
- IV.D. Collection - Records will be collected and documented in the LAM as follows:
  - IV.D.1. Calibration Records - Records from the vendor performing the calibration (to include the certificate of calibration).
  - IV.D.2. Function Check Records - The analyst/technician performing the function check shall document the check in compliance with all relevant procedures to include the section procedures manual and the Laboratory Facility Operations Manual (FOM), as appropriate.
  - IV.D.3. Instrument Logs - When maintenance/repairs are necessary, the assigned analyst/technician shall document the nature of the maintenance/repair conducted.

IV.D.4. Standards/Controls Records - The analyst/technician performing the quality control procedures will document compliance with all relevant procedures to include the section procedures manual and the Laboratory FOM, as appropriate.

IV.E. Indexing - Information in the equipment files will be indexed as follows:

IV.E.1. Calibration Records, Function Check Records, and Standards/Controls Records will be maintained in chronological order.

IV.E.2. Instrument Logs/Service History - Each Instrument Log/Service History will contain entries as designated in EQP 5 (Requirements for Acceptance of Major Equipment), with subsequent entries documented in chronological order. Any equipment repair number (issued by Command) will be documented where applicable.

IV.F. Access - All analysts, managers, and authorized assessors/inspectors are allowed access to these records. Others may be allowed access with the approval of the Laboratory Director.

IV.G. Transfers - When instruments and equipment are transferred to another Illinois State Police (ISP) laboratory, the Lab Code and Location/Custody History will be updated in the LAM.

IV.H. Disposal/Archiving - Assets will be archived when the asset is disposed in the LAM.

**V. PERSONNEL TRAINING AND QUALIFICATION RECORDS -**

See TRN 12 (Training Files) for all information on control of these records.

**VI. CLIENT TEST REPORTS AND CASE DOCUMENTATION**

VI.A. Identification - Client Test Reports and Case Documentation [see EVH 31 (Laboratory Reports {Client Test Reports}) and QM 12 (Maintenance and Control of Case Information)] include the following:

VI.A.1. All original, official analytical reports (client test reports)

VI.A.2. All supplemental and/or amended analytical reports (client test reports)

VI.A.3. All technical documentation supporting the conclusions

VI.A.4. All administrative documentation.

VI.B. Collection - All Laboratory Directors are responsible for establishing procedures, which will be placed in the Laboratory Facility Operation Manual, for the collation and collection of all case file documentation cited in paragraph VI.A.

VI.C. Case Indexing - Client Test Reports and Case Documentation are indexed by uniquely identifiable case numbers specific to the Illinois State Police, Division of Forensic Services, in accordance with EVH 1 (Evidence Receipts).

- VI.D. Access - In addition to the Forensic Sciences Command Commander, Bureau Chiefs, and the Director of Quality Assurance, the Laboratory Director may designate individuals within his/her laboratory who may have physical access to case files. Only the originating analyst or designee of the Laboratory Director, in the absence of that analyst, may change or amend any analytical result or administrative information in a client test report.
- VI.E. Filing and Storage - Each Laboratory Director will establish policy for the internal secure filing and storage of all client test reports and case documentation in accordance with ADM 14 (Laboratory Security).
- VI.F. Maintenance - Each Laboratory Director will establish policy for the internal maintenance of client test reports and documentation in accordance with QM 12 (Maintenance and Control of Case Information).
- VI.G. Disposal/Archiving - See ADM 4 (Case File Archival Procedures) for case archival procedures.

**V.II. DNA INDEXING LABORATORY DOCUMENTATION**

- V.II.A. See MIS 4 (DNA Indexing Program) for information regarding the storage and disposal of DNA Indexing Laboratory documentation.



Date of Original Issue: 12/03/12	Policy: <b>ADM 22 - Safeguarding Confidential Information, Documentation, and Records</b> Page 1 of 2
Date of Revised Issue: 09/24/19	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-19-08	

## I. POLICY

The Forensic Sciences Command will establish and maintain procedures for identifying, defining, protecting and disposing of confidential information, documentation and records.

## II. DISCUSSION

The nature of the work of the Illinois State Police, Division of Forensic Services, Forensic Sciences Command requires confidentiality of case records. In addition, information such as quality assurance records and personnel records must remain confidential and provided only on a need-to-know basis.

## III. DEFINITIONS

- III.A. Case Record: includes all information in the laboratory related to the analysis and chain of custody for a particular criminal case, i.e., documentation received, evidence analyzed, and reports. The Case Record includes, but is not limited to: Master Files, all Working Files, and LIMS data. The files include all work notes, charts, graphs, printouts, conversation logs, and other information which resulted in an analytical decision and subsequent report or a copy of a report (client report).
- III.B. Quality Assurance Records include all records as defined in Command Directive ADM-21, Control of Records.
- III.C. Personnel Records include, but are not limited to: hiring documents, Personnel Action Requests (PARs), insurance records, timekeeping records, discipline records, and performance evaluations. Medical information should not be kept with the Personnel Records.

## IV. RESPONSIBILITIES

- IV.A. All Forensic Sciences Command employees will maintain the confidentiality of case-related information.
- IV.B. All Forensic Sciences Command employees will maintain confidentiality of personnel matters and records.
- IV.C. All Forensic Sciences Command employees will maintain confidentiality of quality assurance records.

- IV.D. Each Laboratory Director will establish policies, relative to the operations of his/her laboratory, to address how confidential records will be stored, safeguarded against theft, inappropriate use, and non-intended destruction. The Laboratory Director also will determine who will have access to those records and how confidential records (which are no longer needed) will be prepared for destruction.
- IV.E. When the laboratory is required by law or authorized by contractual arrangements to release confidential information (outside of the authorized release as defined in the Forensic Services Agreement, Articles III.C. through F. and VII), the agency shall, unless prohibited by law, be notified of the information provided.
- IV.F. Information about the agency obtained from sources other than the agency (e.g. complainant, regulators) shall be confidential between the agency and the laboratory. The provider (source) of this information shall be held confidential by the laboratory and shall not be shared with the agency, unless agreed upon by the source (or prohibited as indicated above in IV.E.).

V. METHOD OF DESTRUCTION OF CONFIDENTIAL DOCUMENTS NO LONGER NEEDED

- V.A. When it is determined confidential documents no longer need to be retained, hard (paper) copies such documents will be destroyed via shredding equipment and electronic copies will be deleted from all computers and servers, provided all State Records Retention policy time frames are followed.
- V.B. Confidential documents, such as case file information, stored by the State Records Center (Archives) will be destroyed following the schedule, rules, and method of the State Records Center.
- V.C. Confidential documents, such as case file information, stored electronically will be destroyed following the schedule, rules, and method of the State Records Center.



## Forensic Sciences Command

Date of Original Issue: 12/15/16	Policy: <b>ADM 23 – Orders to Expunge or Seal Contents of Master Case Files</b> Page 1 of 4
Date of Revised Issue: 12/21/21	Compliant with ISO 17025 standards and the ANAB supplemental requirements.
Revision Transmittal Number: T-21-10	

## I. POLICY

I.A. This policy outlines the procedures for handling orders to expunge or seal records for laboratory case files. This policy only covers evidence received in casework. Procedures for expunging a DNA Indexing Sample are found in IND VII-F of the Indexing Procedures Manual. Any requests for expungement or seal of records received directly by the Forensic Sciences Command (FSC) should be sent to the Bureau of Identification as outlined in Illinois State Police (ISP) Directive ADM-007.

## II. DEFINITIONS

II.A. Expunged File – A file in which an order to expunge has been received by the ISP and all references to the named individual have been removed from the computerized laboratory information system and all case documentation has been deleted or destroyed.

II.B. Master Case File – The original file created at the time the case is first signed in at the originating laboratory. It includes administrative documentation as well as working files.

II.C. Sealed Record – A file in which an order to seal has been received by the ISP and can only be used by law enforcement (20 ILCS 2630/12), and must not be released to the public.

## III. RESPONSIBILITIES

## III.A. Command Expungements Coordinator

- III.A.1. Receive request from the Bureau of Identification.
- III.A.2. Log requests.
- III.A.3. Identify the appropriate case and laboratory.
- III.A.4. Obtain ISP Legal guidance to ensure appropriate classification (i.e., expunge or seal the case).
- III.A.5. Disseminate order to the appropriate Laboratory Director or designee.
- III.A.6. Notify the Bureau of Identification of the Command compliance.

III.B. Information and Equipment Program Administrator (IEPA)

III.B.1. Removes all case and references from LIMS databases, transfer server, and LIMS web related to the request.

III.B.2. Assist with other electronic server needs as requested by Program Manager.

III.B.3. Replace appropriate fields in LIMS databases, transfer server, and LIMS web to EXPUNGED or SEALED as needed related to the request.

III.C. Laboratory Director or designee

III.C.1. Verify receipt of the request with the Command Expungements Coordinator.

III.C.2. Ensure appropriate requested procedure is executed timely.

III.C.3. Communicate with the IEPA and Program Managers as needed.

III.C.4. Communicate completion of the appropriate process to the Command Expungements Coordinator.

IV. EXPUNGEMENT PROCEDURE

IV.A For cases with a single subject matching the request:

IV.A.1. The Laboratory Director or designee will administer all expungement orders.

IV.A.2. Verify subject name, offense, date of offense, and case number in LIMS matches the expungement order.

IV.A.3. ■ Ensure nothing attributable to the subject is in CODIS, ABIS, NIBIN, Foray or Pax-It; if it is, contact the IEPA.

IV.A.4. Ensure there is nothing attributable to a quality activity (e.g. case file review or random reanalysis) or a quality situation notification form (e.g. quality flag or quality issue report); if it is, contact the Director of Quality Assurance (DQA) or Assistant Director of Quality Assurance (ADQA).

IV.A.5. Notify, via email, the IEPA of the order by providing a copy of the order and pertinent case related information (i.e., case number, subject, etc.).

IV.A.6. The IEPA will remove the case and all references from the LIMS database(s) on the laboratory servers and the transfer server (if necessary) and LIMS web (if necessary).

IV.A.7. The IEPA will notify the laboratory upon completion.

IV.A.8. Destroy the contents of the master file.

IV.A.9. The Laboratory Director or designee will include the Notification Form for Expunged or Sealed Case File (see ADM Appendix 4) in the Master File documenting the expungement request was completed.

- IV.A.10. The Laboratory Director or designee will inform the Command Expungements Coordinator of the date the expungement process was completed.
- IV.A.11. The Command Expungements Coordinator will provide notification of compliance with the order to the Bureau of Identification.
- IV.B. For cases with multiple subjects:
  - IV.B.1. The Laboratory Director or designee will administer all expungement orders.
  - IV.B.2. Verify subject name, offense, date of offense, and case number in LIMS matches the expungement order.
  - IV.B.3. Use a black marker to redact the name and identifying information for the individual (e.g. driver's license number, etc.) from all of the contents of the Master File
  - IV.B.4. Change the subject's name to **\*\*EXPUNGED\*\*** in LIMS.
  - IV.B.5. Ensure nothing attributable to the subject is in CODIS, ABIS, NIBIN, Foray, or Pax-It. If data is attributable to the subject contact the IEPA.
  - IV.B.6. Ensure there is nothing attributable to a quality activity (e.g. case file review or random reanalysis) or a quality situation notification form (e.g. quality flag or quality issue report); if it is, contact the Director of Quality Assurance (DQA) or Assistant Director of Quality Assurance (ADQA).
  - IV.B.7. Notify, via email, the IEPA of the order by providing a copy of the order and pertinent case related information (i.e., case number, subject, etc.).
  - IV.B.8. The IEPA will review the item/exhibit descriptions and reports. If the relevant name does appear, it will be replaced with **\*\*EXPUNGED\*\***. The LIMS database on the transfer server and LIMS web will be reviewed and addressed, if necessary.
  - IV.B.9. The IEPA will notify the laboratory upon completion.
  - IV.B.10. The Laboratory Director or designee will include the Notification Form for Expunged or Sealed Case File (see ADM Appendix 4) in the Master File documenting the file was expunged.
  - IV.B.11. The Laboratory Director or designee will inform the Command Expungements Coordinator of the date the expungement process was completed.
  - IV.B.12. The Command Expungements Coordinator will provide notification of compliance with the order to the Bureau of Identification.

## V. COURT ORDER TO SEAL RECORDS

- V.A. For cases with a single subject matching the request:
  - V.A.1. The Laboratory Director or designee will administer all orders.
  - V.A.2. Verify subject name, offense, date of offense, and case number in LIMS matches the order to seal.
  - V.A.3. Seal all contents of the Master File in an envelope and mark **SEALED**.

- V.A.4. Add **\*\*SEALED\*\*** to Case Data in LIMS and as a Subject (Type=Other) of the case.
- V.A.5. Ensure there is nothing attributable to a quality activity (e.g. case file review or random reanalysis) or a quality situation notification form (e.g. quality flag or quality issue report); if it is, contact the Director of Quality Assurance (DQA) or Assistant Director of Quality Assurance (ADQA).
- V.A.6. Notify, via email, the IEPA of the order by email by providing a copy of the order and pertinent case related information (i.e., case number, subject, etc.).
- V.A.7. The IEPA will revise the mailed report to indicate **\*\*SEALED\*\*** in the title and case number areas.
- V.A.8. The IEPA will notify the laboratory upon completion
- V.A.9. The Laboratory Director or designee will include the Notification Form for Expunged or Sealed Case File (see ADM Appendix 4) in the Master File documenting the file was sealed.
- V.A.10. The Laboratory Director or designee will inform the Command Expungements Coordinator of the date the seal process was completed.
- V.A.11. The Command Expungements Coordinator will provide notification of compliance with the order to the Bureau of Identification.

V.B. For cases with multiple subjects:

- V.B.1. Process the same as a single subject (see Section V.A. above).
- V.B.2. If the case is the subject of a request (e.g. discovery, FOIA request, etc.) redact applicable subject's name and identifying information for the individual (e.g. driver's license number, etc.) from all contents of the Master File prior to release.
- V.B.3. The Command Expungements Coordinator will provide notification of compliance with the order to the Bureau of Identification.

## VI. REFERENCES

VI.A. Administrative Rules	Title 20: Chapter II: Part 1205:	Corrections, Criminal Justice, and Law Enforcement Department of State Police Expungement Procedures
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Date of Original Issue: 12/03/18	Policy: <b>ADM 24 – Case Acceptance Criteria</b> Page 1 of 2
Date of Revised Issue: 09/24/19	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-19-08	

## I. POLICY

The Forensic Sciences Command (FSC) will perform analysis/examination on cases submitted by qualifying agencies as outlined in the Forensic Services Agreement (ADM App 6). Every submitting agency must comply and provide a signed Forensic Services Agreement to be eligible to submit evidence to the Forensic Sciences Command.

## II. DISCUSSION

The FSC strives to provide user agencies with accurate and thorough analyses/examinations that can be reported in a timely manner within available resources and according to accepted analytical practices in place at the time of submission. In order to accomplish this, the judicious and economical utilization of command resources is encouraged. The service of forensic evidence examination is limited to the agencies for whom the Illinois State Police is legislatively mandated to serve (20 ILCS 2605/2605-40). The following policy relates to handling of evidence under Federal jurisdiction or where Federal assistance has been provided.

### III. Handling of Federal Cases

#### III.A. Cases will not be accepted directly from Federal Agencies.

- III.A.1. Should a Federal agency have a case being tried at the State level, the agency should submit the case through the applicable State's Attorney office.
- III.A.2. Evidence, such as that resulting from a state/local task force which includes members from a Federal agency, may be submitted via the local law enforcement agency or local State's Attorney office.
- III.A.3. Exceptions to this policy may be granted by the Commander or Bureau Chief in the Forensic Sciences Command.

#### III.B. Federal Controlled Substance Cases

- III.B.1. For a controlled substance case being submitted to be worked to Federal sentencing weight limits, documentation must be provided to the laboratory which demonstrates the case has been accepted for Federal prosecution, not just submitted for Federal consideration.
- III.B.2. For a controlled substance case being submitted for quantitation to support Federal sentencing limits:
  - III.B.2.a. Documentation must be provided to the laboratory, which demonstrates the case has been accepted for Federal prosecution, not just submitted for Federal consideration.

III.B.2.b. The submitting agency will be advised by the lab at the time of submission that because the ISP offers quantitation through only one laboratory, the results of testing may be delayed; this will give the agency an opportunity to consider whether they want to submit the case to a federal laboratory instead.

III.B.3. If laboratory personnel are informed a controlled substance case submitted by a state/local agency, which is in-progress of analysis will be charged in Federal court, the FSC will complete the needed analysis once documentation sufficient to show the case was accepted by the Federal court is provided.

III.B.4 Any exceptions to the controlled substance portion of this policy must be recommended by the Laboratory Director and approved by the Bureau Chief or Commander.

#### IV. Acceptance of Syringes

IV.A. If an agency determines that an actual syringe (rather than just its contents) needs to be submitted to the laboratory, the Agency will contact the local Laboratory Director or designee and the following process will be utilized.

- 1) Laboratory Director provides the agency the Syringe Submission Form (ADM App. 5)
- 2) Submitting agency completes form information.
- 3) Appropriate submitting agency supervisor signs and returns the form to Laboratory Director.
- 4) Laboratory Director will review the form and, if approved, returns the signed form to submitting agency.
- 5) Laboratory Director will provide guidance for the packaging of the syringes.
  - a) Packaging of syringes approved for submission will be accomplished in such a way as to ensure the needle is properly secured/protected as a safety measure for those handling the evidence. This should be accomplished by securing the needle with a needle protection device. An example of such a device would include, but is not limited to, the Point Lok® Needle Device.
- 6) The completed/signed Syringe Submission Form (ADM App. 5) must accompany the evidence at the time of the submission.

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# CASE FILE TRANSFER RECEIPT

**CASE #:**        **REF #:**        **LAB:**        **FOIA #:**        **PAGE:**       1

Each and every person handling this case file must sign for it as well as sign it over to the next person taking possession of the file. Each person relinquishing custody of this file must keep a copy of this receipt after it is signed by themselves and the person assuming custody of the file. This copy is their proof that someone else took official custody of the file. **THE RECEIPT WITH THE ORIGINAL SIGNATURES MUST STAY WITH THE CASE FILE.**

The above listed case file was:

The above listed case file was:

**ILLINOIS STATE POLICE  
Division of Forensics  
Forensic Sciences Command  
VEHICLE LOG**

**Equipment Number:**

**Year / Make / Model:**

**VIN #:**

When this sheet is full, please deliver to the Division of Forensic Services to the attention of the Division Automotive Equipment Officer and start a new sheet.

(25 entries per page)



Executive Order

Number (2001)

IN THE OFFICE OF  
SECRETARY OF STATE

### **Executive Order for State Government "Green Activities"**

WHEREAS, pursuant to Executive Order No. 6 (2000), I created the Illinois Green Government Coordinating Council as a part of my Program, "Green Illinois" to help state executive agencies improve the environmental efficiency of their facilities and operations;

WHEREAS, the Council has compiled information on state government environmental programs and identified a number of best management practices that agencies can take to improve environmental and resource conservation efforts;

WHEREAS, state government has made great strides in protecting the environment and saving resources, but there is still more that can be done;

WHEREAS, state government can save money and improve operating efficiency by reducing waste generation, saving energy and conserving resources;

WHEREAS, state government should provide leadership in environmental stewardship and serve as a model for private and public institutions.

NOW THEREFORE, by the authority vested in me as Governor by the Constitution and laws of Illinois, I do hereby order the following steps to be taken:

#### **Waste Reduction**

a. On or before March 1, 2002, each executive state agency shall implement the following best management practices to reduce waste generation:

Whenever possible, specify that all new and re-manufactured photocopy machines and printers purchased shall have duplexing (double-sided) capability.

- ii. Require all laser printing jobs to be double-sided unless specific justification is provided not to do so. Exceptions may be provided when existing technology does not allow for duplexing or when specific documents require single-sided printing.
- iii. Conduct an educational program to encourage employees to copy on both sides of paper, make the least number of hard copies necessary, route documents rather than distribute copies, post memos and bulletins in central locations, proof documents on the computer, store files electronically rather than in hard copy, avoid needless printing of email, and take other reasonable steps to save paper.
- iv. Where appropriate, eliminate unnecessary paper transactions by increasing the use of electronic media, such as email and the Internet, to circulate or distribute announcements, memoranda, documents, reports, forms, manuals and publications.

Encourage the use of self-sticking addressing labels instead of printing full-fax cover sheets.

- vi. Use rechargeable batteries, whenever possible.
- vii. Establish office reuse programs (e.g., reuse cabinets, rooms or online exchanges) where unneeded supplies can be returned for reuse.
- viii. Create a system to keep distribution and mailing lists current to avoid duplication.
- ix. Discourage the use of disposable products when reusable products are available and economically viable.
- x. To the extent feasible, acquire items that are more durable, have minimal packaging or are readily recyclable when discarded.

Provide ongoing training and education to employees to enhance participation in recycling programs.

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**2. Energy Efficiency**

a. On or before March 1, 2002, each executive state agency shall implement the following best management practices to reduce energy consumption:

IN THE OFFICE OF  
SECRETARY OF STATE

- i. Specify that all new electronic office equipment purchased, including computers, monitors, printers, scanners, fax machines and copiers, shall be Energy Star™ compliant. Each agency shall institute procedures to ensure the energy-saving feature in all Energy Star™ electronic office equipment is activated, unless it is demonstrated to the Illinois Green Government Coordinating Council that this feature will hinder the performance of specific equipment, file servers or networking applications.
- ii. Conduct an educational program to encourage employees to turn off lights, computers, copying and other machines and equipment when not needed.
- iii. Establish procedures to adjust window treatments to take advantage of solar heat gain during winter daylight hours and repel solar heat gain during summer daylight hours.

b. On or before June 1, 2002, each executive state agency that owns, operates or maintains a building shall implement the following best management practices to improve energy efficiency:

- Establish a program to perform regular maintenance on all lighting, heating, ventilation and air conditioning systems, such as lubricating, vacuuming, cleaning and checking seals, to ensure optimum efficiency.
- ii. Establish a program to evaluate the feasibility of converting to more energy-efficient lighting systems (e.g., compact fluorescent bulbs, T-10 & T-8 lighting fixtures, electronic ballasts, light-emitting diodes exit signs, occupancy sensors, and lighting controls). Based on this review, each state agency shall establish goals for making cost-effective lighting efficiency improvements that reduce electricity costs and maintain illumination quality.

Establish procedures to identify and eliminate leaks in building exteriors, such as walls, windows, doors, ceilings and floors.

Establish procedures to reduce unnecessary use of lighting, heating, ventilation and air conditioning systems during unoccupied hours, and to adjust thermostats to maximize energy savings while providing occupant comfort, where appropriate.

Evaluate the feasibility of decreasing turf areas by using low-maintenance native plants, and establish goals to convert to cost-effective native landscaping practices to reduce mowing and conserve gasoline.

c. On or before March 1, 2002, each executive state agency that maintains a vehicle fleet shall implement the following best management practices to reduce fuel consumption.

- Establish a program to decrease the amount of gasoline and diesel fuel used in state vehicles and equipment by increasing vehicle fleet fuel economy and improving operational efficiency through regular scheduled maintenance.
- ii. Limit the purchase of sport utility vehicles and similar specialty vehicles to situations where there is a clear operational need for such vehicles.

Increase employee awareness of gasoline refueling stations that dispense 85% ethanol blended (E-85) fuel for flexible fuel vehicles in the fleet.

- iv. Conduct an educational program to encourage employees to drive more efficiently to save fuel in state vehicles.
- v. Encourage employees to carpool with other state employees traveling to the same meeting or event.  
Where appropriate, create incentives for employees to carpool to work, such as creating informational ride-boards and providing preferred parking.

#### **Environmentally Preferable Purchasing**

a. On or before February 1, 2002, the Department of Central Management Services (CMS) shall review and update its qualified product lists and master contracts to ensure the availability of the following products for state agencies to purchase:

- i. Zero to low volatile organic compound (VOC) paints that meet Green Seal standards for interior and exterior coatings,
- ii. Post-consumer recycled content carpets, carpet tiles and carpet backing,
- iii. Energy Star™ compliant computers, monitors, printers, scanners, fax machines and copiers.  
Photocopy machines and printers with duplexing capability.

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INDEX DEPARTMENT

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IN THE OFFICE OF  
SECRETARY OF STATE

b. Beginning March 1, 2002, each state executive agency that owns, operates or maintains a building, whenever possible, shall specify that paints purchased for remodeling, repair and renovation projects be zero or low VOC paints.

c. Beginning March 1, 2002, each state executive agency that owns, operates or maintains a building, whenever possible, shall specify that carpeting and carpet backing purchased for remodeling and renovation projects contain post-consumer recycled content. In addition, each agency, whenever possible, shall specify and use carpet installation products that meet the Carpet and Rug Institute Indoor Air Quality Carpet Test Green Label Guidelines.

d. Nothing in the above provisions shall preclude state executive agencies from continuing to consider costs, availability and quality or performance specifications in making procurement decisions.

e. On or before June 1, 2002, the Department of Central Management Services, in collaboration with the Illinois Environmental Protection Agency and the Illinois Department of Commerce and Community Affairs, shall prepare educational materials and conduct outreach to promote acceptance of environmentally preferable products that have the potential for widespread applications throughout government operations. For the purposes of this section, the term "environmentally preferable products" means purchasing products or services that have a lesser or reduced effect on human health and the environment when compared with competing products or services that serve the same or similar purposes. It includes but is not limited to products or services which contain recycled content, minimize waste, conserve energy or water, involve the use of renewable resources or alternative fuels, and reduce the amount of toxins disposed or consumed.

#### **4. Green Buildings**

a. On or before June 1, 2002, the Illinois Capital Development Board shall convene an advisory group to develop a set of policy and program recommendations to expand green building practices in state construction and renovation projects. The advisory group, among other things, shall:

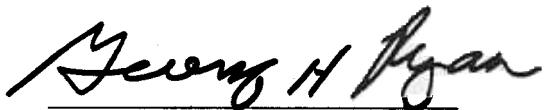
- i. Develop a consensus definition of "green buildings,"
- ii. Identify decision-making tools and planning approaches that facilitate the incorporation of green building features into new and renovated facilities,  
Develop flexible green building performance guidelines for state projects, taking into account practical requirements of building design and construction as well as costs, client or agency needs, building code requirements and changing technologies.

**5. Technical Assistance**

a. The Illinois Green Government Coordinating Council shall take all actions necessary to assist state executive agencies in complying with the requirements of this order, including but not limited to providing guidance, coordinating appropriate educational programs and developing resource materials.

**6. Effective Date**

This Executive order shall be effective immediately.



GEORGE H. RYAN  
Governor

December 5, 2001

**FILED**  
INDEX DEPARTMENT  
DEC 05 2001  
IN THE OFFICE OF  
SECRETARY OF STATE

ADM Appendix 4  
Illinois State Police  
Division of Forensic Services  
Forensic Sciences Command

## **Notification Form Expunged or Sealed Case File**

A formal notification was received ordering the expungement or sealing of records related to this case. This notification form serves to document the removal or destruction of records or the redactions contained herein.

Circle one:

Expungement

Order to Seal

Case Number: \_\_\_\_\_

Order Number:  
*(handwritten number on order)* \_\_\_\_\_

Date Master File  
Expunged/Sealed: \_\_\_\_\_

Completed by: \_\_\_\_\_

ADM Appendix 5  
Illinois State Police  
Division of Forensic Services  
Forensic Sciences Command

**LABORATORY ANALYSIS REQUEST  
SYRINGE SUBMISSION**

**SUBJECT INFORMATION**

SUBJECT NAME:	<input type="checkbox"/> Male
DOB:	<input type="checkbox"/> Female

**SUBMITTING AGENCY**

AGENCY NAME:	AGENCY CASE NO.
INVESTIGATING OFFICER:	I.D. #/DISTRICT #

**SYRINGE ANALYSIS JUSTIFICATION**

**DATE DISCUSSED WITH LABORATORY DIRECTOR:** \_\_\_\_\_

**SUBMITTING AGENCY AUTHORITY**

NAME:	TITLE:
SIGNATURE:	

**LABORATORY DIRECTOR SIGNATURE:** \_\_\_\_\_

**Syringe Packaging Instructions:** Packaging of syringes approved for submission will be accomplished in such a way as to ensure the needle is properly secured/protected as a safety measure for those handling the evidence. This may be accomplished by needle caps, plastic tubes, or other means or by a combination of these.

*Note: For the laboratory to accept the syringe as evidence, this form must be signed by both a supervisor of the originating agency and the Laboratory Director of the laboratory for evidence submission of the syringe.*

**EXAMPLE ONLY - NOT FOR OFFICIAL USE**

**STATE OF ILLINOIS  
ILLINOIS STATE POLICE  
DIVISION OF FORENSIC SERVICES  
FORENSIC SERVICES AGREEMENT**



This agreement is entered into, by and between:

**(Your Agency Name)**

(hereinafter referred to as Participating Agency) and the Illinois State Police, Division of Forensic Services (hereinafter referred to as DFS). The Agreement sets forth the conditions governing the Participating Agency's use of DFS forensic services.

**RECITALS**

**WHEREAS**, The DFS is required to establish and operate a forensic science laboratory system as well as establish and coordinate a system for providing accurate and expedited forensic science and laboratory services to local law enforcement agencies and local State's Attorneys [20 ILCS 2605/2605-40]; and

**WHEREAS**, The Participating Agency is a governmental entity with statutory authority to conduct criminal investigations or prosecutions; and

**WHEREAS**, the DFS and Participating Agency best support the administration of criminal justice when efficient and standard practices govern the submission, analysis and reporting of forensic services;

**WHEREAS**, this Forensic Services Agreement is authorized pursuant to the provisions of Article 7, Section 10 of the Illinois Constitution and the Intergovernmental Cooperation Act [5 ILCS 220].

**NOW, THEREFORE**, DFS and Participating Agency agree as follows:

**ARTICLE I: DEFINITIONS**

**Law Enforcement Officer** – Law enforcement officer means any police officer, peace officer, or conservator of the peace of a government agency who is primarily responsible for prevention or detection of crime and the enforcement of the criminal code, traffic, or highway laws of this State or any political subdivision of this State or any member of a police force appointed and maintained as provided in the Railroad Police Act. [50 ILCS 705/2, 720 ILCS 5/2-13 and 610 ILCS 80/et seq.]

**Sheriff** – Sheriff means any official, or their deputies recognized under Illinois law, who are conservators of the peace, responsible to prevent crime and maintain the safety and order of the citizens of their respective county as well as arrest offenders. [55 ILCS 5/3-6021]

**Coroner or Medical Examiner** – Coroner or Medical Examiner means any official, or their deputies recognized under Illinois law, responsible for investigating all sudden or violent death,

regardless of the suspected manner or cause or any death not attended by a licensed physician. [55 ILCS 5/3-3013]

**State's Attorney** – The State's Attorney means any official, or their assistants recognized under Illinois law, empowered to commence and prosecute all criminal indictments and prosecutions in the circuit court for their respective county. [55 ILCS 5/3-9005] This may include any attorney appointed by the court to perform the duties of a State's Attorney. [55 ILCS 5/3-9008]

**State's Attorney Appellate Prosecutor** – The State's Attorney Appellate Prosecutor means the office and people that may represent the People of the State of Illinois on appeal in all cases and other duties prescribed under Illinois law. [725 ILCS 214/4]

**Illinois Attorney General** – The Illinois Attorney General means the legal officer of the State of Illinois, along with duly appointed assistants, with all the powers and duties prescribed under Illinois law pursuant to Article 5, Section 15 of the Illinois Constitution.

**Office of the State Fire Marshal** – The Office of the State Fire Marshal means any duly appointed official authorized to investigate criminal conduct in connection with a fire, arrest individuals, and furnish to the proper prosecuting attorney all evidence related to the investigation. [425 ILCS 25/7]

**Law Enforcement Forensic Science Laboratory** – A Law Enforcement Forensic Science Laboratory means any Illinois forensic science laboratory which is a National DNA Index System (NDIS) participating laboratory. [Federal Bureau of Investigation, National DNA Index System (NDIS) Operational Procedures Manual, Version 6]

**Division of Forensic Services (DFS)** – The Division of Forensic Services (DFS) means the Division of the Department of State Police that provides forensic science testing and crime scene services to Illinois law enforcement. [20 ILCS 2605/2604-40]

**Participating Agency** – The Participating Agency is any governmental entity or individuals employed by that entity or a Law Enforcement Forensic Science Laboratory, other than DFS, as defined in Article I of this Agreement.

**Personally Identifiable Information (PII)** – Personally Identifiable Information is any data containing information which may result in the identification of an individual. Such data includes, but is not limited to: name, date of birth, address, state identification number, Illinois Department of Corrections number, Federal Bureau of Investigation (FBI) Universal Control Number, Social Security Number, unique biometric data (e.g., DNA, fingerprints), or any combination of data that may lead to the specific identity of an individual. PII does not include publicly available information that is lawfully made available to the general public from federal, state, or local governments. [815 ILCS 530/et seq.]

**Physically Secure Location** – Physically secure location means a facility, police vehicle, or an area, room, or group of rooms within a facility with both the physical and personnel security controls sufficient to protect Criminal Justice Information (CJI) and associated information systems. [Federal Bureau of Investigation, Criminal Justice Information Services (CJIS) Security Policy, Version 5.6]

## ARTICLE II: SERVICES, COSTS, AND FINANCIAL AGREEMENTS

- A. The DFS shall provide all crime scene, polygraph, and forensic laboratory services to Participating Agency at no cost unless explicitly stated otherwise in this Agreement. The DFS acknowledges that time is of the essence in the delivery of forensic services.
- B. The DFS currently provides forensic laboratory services in the disciplines of forensic biology/DNA, drug chemistry, trace chemistry, toxicology, microscopy, latent fingerprints, firearms/toolmarks, and footwear/tiretrack analysis. Testing in these disciplines will be accredited according to the currently employed ISO/IEC 17025 standard and the current accrediting body's supplemental requirements. Crime scene services are accredited according to standards promulgated by the Commission on Accreditation for Law Enforcement Agencies. Polygraph examinations are conducted pursuant to the Illinois Detection of Deception Examiners Act. [225 ILCS 430/et seq.]
- C. The DFS will have sole authority for establishing the policies, procedures, and guidelines regarding the delivery of crime scene and polygraph services as well as the submission, analysis, and return of evidence analyzed by its forensic laboratories.
- D. The Participating Agency may request crime scene and polygraph services by contacting the Crime Scene Services Command Center at 1-800-892-4095.
- E. The DFS will provide Participating Agency with current guidelines on the packaging and handling of evidence for laboratory submissions. The DFS will update copies of these guidelines for Participating Agencies at a website designated by the DFS. The current guidelines are:
  - 1. Evidence Packaging Procedures (ISP 6-420)
  - 2. Submission of Forensic Biology/DNA Evidence (ESH App. 1)
  - 3. Collection/Submission of DNA Samples from Deceased Victims (ESH App. 2)
  - 4. Collection of Biological Standards (ESH App. 3)
  - 5. Submission of Physical Evidence By Mail (ESH App. 4)
  - 6. Hair and Fiber Evidence Procedure (ESH App. 6)
  - 7. The Collection and Preservation of Paint Evidence (ESH App. 8)
  - 8. The Collection and Preservation of Fire Debris Evidence (ESH App. 9)
  - 9. The Collection and Preservation of Explosive Debris Evidence (ESH App. 10)

10. The Collection and Preservation of Glass Evidence (ESH App. 11)
11. Firearm Evidence (ESH App. 12)
12. Toolmark Evidence (ESH App. 13)
13. Footwear and Tire Track Evidence (ESH App. 14)
14. Firearms and Ammunition Reference Collection (ESH App. 15)
15. Submission of Drug and Marijuana Evidence (ESH App. 16)
16. Submission of Toxicology Evidence (ESH App. 17)
17. Fabric Impression Evidence (ESH App. 20)
18. AFIS Case Submission Guidelines for Agencies With Latent Print Examiners (ESH App. 21)
19. Submission of Evidence for Latent Print Examination (ESH App. 22)
20. Distribution of DEA-Provided Drug Samples for Canine Training (ESH App. 24)
21. Case Acceptance Policy for the Submission of Impression Evidence Captured as Digital Images for Laboratory Analysis (ESH App. 25)
22. Collection and Preservation of Gunshot Residue Evidence (ESH App. 26)
23. Submission of Touch-DNA Evidence (ESH App. 27)

F. After DFS implements the new Laboratory Information Management System (LIMS), all Participating Agencies must utilize the website designated by the DFS to initiate and track the submission, analysis and retrieval of evidence. Guidelines for Participating Agency to register for this website are contained in Article X through XII of this Agreement.

G. The Participating Agency will abide by the DFS guidelines for packaging, submitting, and receiving evidence. This includes case information required by the DFS secure website when submitting evidence for analysis. For cases having no suspect information at the time of submission to the DFS, the Participating Agency agrees to immediately notify the DFS should a suspect be developed during the Participating Agency's investigation. The Participating Agency also agrees to immediately notify the DFS if forensic analysis is no longer required for evidence submitted.

H. Pursuant to 730 ILCS 5/5-4-3(n), the DFS shall only contract out forensic testing for an active investigation or a matter pending before a court of competent jurisdiction with the written consent of the prosecuting attorney.

1. The DFS currently only contracts out forensic testing in the areas of forensic biology/DNA.
2. The DFS will provide for the shipping and analysis of the outsourced service at no cost to the Participating Agency and/or prosecuting attorney.
3. In the event court testimony is required by the vendor contracted to conduct the forensic biology/DNA testing, the DFS may assist in paying witness fees for any cases outsourced as part of DNA backlog reduction efforts. Any witness fees will be paid according to the rate outlined in the current vendor contract. DFS may pay

for witness travel expenses. DFS payment of any fee is contingent upon available funding.

- I. The DFS will employ due diligence and reasonable procedures to preserve evidence during evaluation and analysis; however, certain analytical techniques may require consumption and/or alterations such that the evidence can no longer be utilized for its intended purpose.
- J. The Participating Agency agrees to provide timely and appropriate permission for the consumption of evidence when the DFS provides notice a limited sample is present.
  - 1. For cases where a suspect is identified, a prosecuting attorney is assigned, and there is a high probability an evidentiary sample will be consumed during analysis, the DFS will:
    - i. Analyze a DNA, Toxicology, or Trace Chemistry sample only after the prosecuting attorney is notified of the consumption issue and authorization to consume the sample is obtained from the prosecuting attorney.
    - ii. Analyze a sample from a forensic discipline other than those disciplines outlined in 1.i. only after the prosecuting attorney has been notified of the consumption issue and the prosecuting attorney did not request that the analysis be delayed.
  - 2. For any case regardless of whether a suspect has been identified, and no prosecuting attorney has been assigned, and there is a high probability an evidentiary sample will be consumed during analysis, the DFS will:
    - i. Analyze a DNA, Toxicology, or Trace Chemistry sample only after the Participating Agency is notified of the consumption issue and authorization is obtained from the Participating Agency.
    - ii. Analyze a sample from a forensic discipline other than those disciplines outlined in 2.i. only after the Participating Agency has been notified of the consumption issue and the Participating Agency did not request that the analysis be delayed.
- K. The Participating Agency shall pay for the transport or shipping of all evidence that it sends to the DFS. The Participating Agency agrees to pick up that evidence at the DFS laboratory to which it was originally shipped. The Participating Agency agrees to respond to DFS requests to pick up evidence after analysis is completed in a timely manner.
- L. This Forensic Services Agreement creates no other financial agreements between the DFS and Participating Agency other than what is explicitly outlined herein.

### **ARTICLE III: MAINTENANCE OF RECORDS**

- A. The DFS shall maintain and be the custodian of all records pertaining to the submission, analysis, storage, and reporting for evidence submitted to a DFS forensic laboratory and for crime scene services provided by DFS personnel. The records will consist of those consumed or generated by the DFS and may include reports, notes, communications, databases, digital photographs, diagrams, maps, digitized material, born-digital electronic material, and electronic material with a combination of digitized and born-digital material. The DFS shall maintain all records in compliance with relevant Record Retention Schedules and the State Records Act. [5 ILCS 160/et seq.]
- B. The DFS shall provide, upon request, copies of all reports, notes, communications, databases, digital photographs, diagrams, maps, digitized material, born-digital electronic material, and electronic material with a combination of digitized and born-digital material to the Participating Agency for all criminal cases where the DFS provided the Participating Agency laboratory or crime scene services. The DFS will only disseminate these records to another entity with the written permission of the Participating Agency or as otherwise described in this Agreement.
- C. The Participating Agency agrees the DFS may provide the prosecuting attorney with proper jurisdiction over an investigation copies of all reports, notes, communications, databases, digital photographs, diagrams, maps, digitized material, born-digital electronic material, and electronic material with a combination of digitized and born-digital material for criminal cases where the DFS provided the Participating Agency laboratory or crime scene services.
- D. The DFS may provide copies of any reports, notes, communications, databases, digital photographs, diagrams, maps, digitized material, born-digital electronic material, and electronic material with a combination of digitized and born-digital material in response to valid court orders and subpoenas.
- E. The Participating Agency may identify additional entities it wishes to grant permission to receive copies of reports, notes, communications, databases, digital photographs, diagrams, maps, digitized material, born-digital electronic material, and electronic material with a combination of digitized and born-digital material for criminal cases where the DFS provided the Participating Agency laboratory or crime scene services by adding the name of the entities in Article XII of this Agreement.
- F. The Participating Agency agrees to share summary case information (e.g., case number, offense, offense date) where an association is made with one of its cases and another case worked by the DFS or referenced in an individual characteristic databases (i.e., CODIS, NIBIN, AFIS, etc.).

G. The Participating Agency agrees to maintain accurate agency and user data in the secure websites designated by the DFS.

#### **ARTICLE IV: DURATION, MODIFICATION, AND TERMINATION**

A. This Agreement shall be in effect upon the signature of the Director of the Illinois State Police, or a properly appointed designee. The Agreement will be in effect for one year from the final date of signature and shall renew automatically for one year periods. Each party shall review the Agreement prior to the annual renewal date.

B. Modifications to this Agreement may be made, but only in writing and signed by both parties.

C. This Agreement will terminate when either party notifies the other of its intent to discontinue the Agreement. Notice shall be provided to the parties listed in Article XIII of this Agreement. The terminating party will provide the other party written notice at least 30 days prior to the desired termination date.

#### **ARTICLE V: CONTROL AND SUPERVISION OF PERSONNEL**

A. The DFS will maintain exclusive control and supervision of its agents, employees, officials, contractors, and subcontractors.

B. The Participating Agency will maintain exclusive control and supervision of its agents, employees, officials, contractors, and subcontractors.

#### **ARTICLE VI: USE OF EQUIPMENT AND FACILITIES**

A. The DFS shall exercise sole operational control over all space, equipment, and activities in its forensic laboratories and crime scene offices.

B. The DFS shall permit the Participating Agency access to designated evidence submission areas within its case-working laboratories from Monday to Friday from 8:30 a.m. to 5:00 p.m., with the exception of holidays designated by the Illinois Department of Central Management Services. The DFS shall make laboratory management staff available to the Participating Agency to coordinate after-hour requests for criminal cases requiring immediate attention. The DFS requests that the Participating Agency schedule appointments based on local laboratory protocols for the submission and retrieval of evidence at forensic laboratories.

## **ARTICLE VII: FREEDOM OF INFORMATION ACT**

- A. In its afore-mentioned role as the custodian of all records generated, the DFS shall respond to requests for records made under the Freedom of Information Act (FOIA). [5 ILCS 140/et seq.] If records were created for the Participating Agency, the DFS may require an update on the status of an investigation to determine whether any statutory exemptions apply (e.g., whether a case is an active criminal investigation). The Participating Agency agrees to respond to case status inquiries in a timely manner so the DFS may satisfy FOIA deadlines.
- B. The Participating Agency is responsible for serving as the custodian of its records and responding to requests made to it under the Freedom of Information Act. [5 ILCS 140/et seq.]

## **ARTICLE VIII: INFORMATION SECURITY PROTOCOLS**

- A. The DFS and Participating Agency shall comply with applicable Illinois court orders and subpoenas, Illinois and federal statutes, federal regulations, and Illinois administrative rules regarding confidential records or other information obtained by the parties to this Agreement. The records and information shall be protected by the parties to this Agreement from unauthorized disclosure. Any breach notification imposed by law shall be completed by party to this Agreement primarily responsible for said breach or improper dissemination of personally identifiable information or confidential records. Any costs resulting from a breach or improper dissemination shall be borne by the responsible party to this Agreement.
- B. The DFS will deploy and maintain its internal Laboratory Information Management System (LIMS), as well as the websites it makes available to the Participating Agency, utilizing information technology providers that are required by the DFS to adhere to the Federal Bureau of Investigation's current Criminal Justice Information Services (CJIS) Security Policy.
- C. The Participating Agency shall only utilize computer and telecommunications systems that are permanently maintained within its physically secure locations to access secure websites designated by the DFS.
- D. The DFS shall ensure its websites follow required CJIS Security Policy protocols relating to information security and encrypted communication.
- E. When the DFS makes multi-factor authentication available and Participating Agency elects to utilize it, they may access DFS websites from devices that are not permanently maintained within physically secure location. Alternatively, if the Participating Agency has already implemented multi-factor authentication on its mobile devices in accordance with

Sections 5.6 and 5.13 of the CJIS Security Policy, they may utilize these devices if permission is obtained from the Illinois CJIS Systems Officer with the Illinois State Police.

## **ARTICLE IX: LIABILITY AND WAIVER**

- A. The DFS and Participating Agency shall not be liable for actions chargeable to the other including, but not limited to, the negligent acts and omissions of the agents, employees, contractors, or subcontractors in the performance of their duties as described under this Agreement, unless such liability is imposed by law. This Agreement shall not enlarge or diminish any obligation or duty owed by DFS or Participating Agency to the other or a third party.
- B. The DFS and Participating Agency shall only be liable for the errors, acts, and omissions of its own employees and officials. The parties to this Agreement shall not be liable, or responsible for, or indemnify each other for the errors, acts, or omissions of their respective employees or officials.
- C. A waiver of any condition of this Agreement must be requested in writing. No waiver of any condition of this Agreement may be effective unless in writing and signed by the authorized DFS and Participating Agency employees or officials.

## **ARTICLE X: PRE-LOG WEBSITE**

- A. The DFS, Laboratory Information Management System (LIMS) utilizes Pre-Log (<https://limspl.isp.illinois.gov>) as the internet link for Participating Agency to log evidence for submission, track the progress of cases submitted to DFS, and retrieve reports and case notes associated with analysis. Articles XI through XII of this Agreement establishes how the DFS and Participating Agency will utilize Pre-Log and disseminate information.

## **ARTICLE XI: PRE-LOG RESPONSIBILITIES**

- A. The Participating Agency must provide DFS with the information required in Article XI of this Agreement before access will be granted to the Pre-Log website.
- B. The Participating Agency shall provide the below information for DFS to create them as an entity in the LIMS database. This agency information will be used as the official name and address for the Participating Agency and will appear on reports and other documents. DFS will not utilize the United States Postal Service to mail reports or other documents to Participating Agency. All documents shall be obtained by Participating Agency through the Pre-Log website.

<b>Agency Name:</b>	
<b>Agency ORI#:</b>	<b>Agency External IP Address:</b>
<b>Agency Type:</b>	<b>County:</b>
<b>Address:</b>	<b>Agency Email (to receive notifications):</b>
<b>City:</b>	<b>Zip code:</b>

C. The Participating Agency must designate a Pre-Log administrator. The DFS will contact the Pre-Log administrator and provide them a username and password to Pre-Log. Once the Pre-Log administrator can access Pre-Log, they will be able to create additional administrators and users for the Participating Agency.

<b>Pre-Log Administrator Name:</b>	
<b>Email:</b>	<b>Telephone #:</b>
<b>Address:</b>	<b>City:</b>
<b>State:</b>	<b>Zip:</b>

D. The Participating Agency is responsible for informing the DFS if any information provided in Article XI of this Agreement changes. Participating Agency is responsible for updating the status and privileges of all administrators and users it creates in the Pre-Log website. This includes removing individuals who are no longer employed by the Participating Agency. Participating Agency is responsible for any misuse of information obtained by its administrators and users.

## **ARTICLE XII: PRE-LOG INFORMATION DISSEMINATION**

- A. The Participating Agency will only be granted access to information related to its cases in the Pre-Log website unless it is also a prosecuting attorney with proper jurisdiction over an investigation.
- B. The Participating Agency may elect to grant another entity that has executed the Forensic Services Agreement with DFS access to their case information in the Pre-Log website. By completing the below section, the Participating Agency agrees to grant the below entities access to its cases in the Pre-Log website.

<b>How many entities will be granted access?:</b>
<b>Agency Name:</b>
<b>Agency ORI:</b>

C. The Participating Agency is responsible for informing the DFS if any information provided in Article XII of this Agreement changes.

### **ARTICLE XIII: NOTICES**

A. All required notices shall be delivered to the following:

To the Participating Agency:

Chief Administrator Name:

Agency:

Address:

City:, Illinois zip code

To the DFS:

Deputy Director

Division of Forensic Services

801 South 7<sup>th</sup> Street, Suite 900S

Springfield, Illinois 62703

**Chief Administrator, Participating Agency**

**Director, Illinois State Police**

By: \_\_\_\_\_  
Chief Administrator Name, \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_  
Director, \_\_\_\_\_ Date: \_\_\_\_\_



## OFFICE OF THE SECRETARY OF STATE

## STATE RECORDS COMMISSION

JESSE WHITE  
Secretary of State  
State Archivist

DAVID A. JOENS  
Member Designate  
Secretary of State's Office

IAN HUNT  
Member Designate  
Historic Preservation Agency

LYNN PATTON  
Member Designate  
Attorney General's Office

ALBERT COLL  
Member Designate  
Central Management Services

CORTEZ GILLESPIE  
Member Designate  
State Comptroller's Office

CHRIS FLYNN  
Member Designate  
State Treasurer's Office

December 21, 2017

ILLINOIS STATE ARCHIVES  
MARGARET CROSS NORTON BUILDING  
SPRINGFIELD, IL 62756  
(217) 782-2647

Ms. Cathy Kirk  
Illinois State Police  
808 S. Eighth Street, Suite 100 W. (Central Printing)  
Springfield, IL 62703

Dear Ms. Kirk:

Attached is a copy of Application 17-45. This application was approved by the members of the State Records Commission at their meeting held December 20, 2017. You now have the authority to dispose of or transfer to the State Records Center/Archives, the records listed on your application after the expiration of the retention periods.

Each time you wish to dispose of records, please complete the State Records Disposal Certificate and submit to our office thirty days prior to the date of your desired disposal. Please note, the State Records Commission has revised the disposal form. Below is a link to download a copy for your file.

[http://www.cyberdriveillinois.com/publications/pdf\\_publications/ard66.pdf](http://www.cyberdriveillinois.com/publications/pdf_publications/ard66.pdf)

The certificate will be quickly reviewed and returned to your office officially approving of the disposal of the records listed thereon. The filing of the disposal certificate is required by section 4400.40 of the rules of the State Records Commission.

Thank you for your cooperation. Please contact me at 782-2647 if you have any questions.

Sincerely,

Lynn Kahbeah, Administrative Clerk  
State Records Unit

Enclosures

APPLICATION FOR AUTHORITY  
TO DISPOSE OF STATE RECORDS

Application No. 17-45  
Page 1 of 4

STATE OF ILLINOIS  
STATE RECORDS COMMISSION

STATE RECORDS UNIT  
ILLINOIS STATE ARCHIVES  
SPRINGFIELD, IL 62756  
(217)782-2647

AGENCY

Illinois State Police

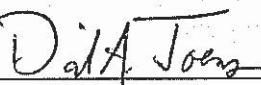
DIVISION

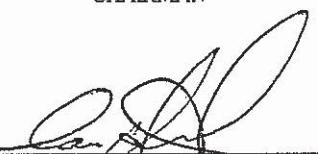
Forensic Services

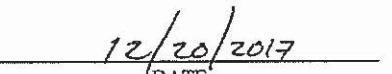
SUBDIVISION

Forensic Sciences Command/Crime Scene Services Command

ACTION TAKEN BY  
THE  
STATE RECORDS  
COMMISSION

  
Chairman

  
Secretary

  
12/20/2017  
DATE

  
Signature of Agency Head

11/1/2017  
DATE

RECORDS LISTED ON THIS APPLICATION MAY BE DISPOSED OF PROVIDING:

- the individual retention period is complete;
- all audits have been completed, if necessary, and no litigation is pending or anticipated;
- the items are correctly listed on a Records Disposal Certificate submitted to and approved by the State Records Commission 30 days prior to disposal.

Certain records, as stipulated on this application, may be microfilmed or digitized and the original hardcopy record disposed of if the record is microfilmed or digitized in accordance with the standards of the State Records Commission Rules and if the film or digitized copy is retained for the prescribed retention period. Disposal of records after microfilming or digitizing must be noted on a Records Disposal Certificate.

THIS APPLICATION AND ANY RELATED RECORDS DISPOSAL CERTIFICATES  
ARE TO BE RETAINED PERMANENTLY.

**APPLICATION FOR AUTHORITY  
TO DISPOSE OF STATE RECORDS  
(continued)**

Application No. 17-45  
Page 2 of 5

Item No.	Record Series Title, Description and Recommendation	Action Taken
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**1. Illinois State Police (ISP), Division of Forensic Services – Training Records**

Dates: January 1, 2018 -  
Volume: 24 GB  
Annual Accumulation: 300 MB  
Arrangement: Chronological and Alphabetical

This record series consists of files which verify initial employee training as Forensic Scientists. (New employees of the agency undergo a training curriculum that lasts from 1 to 3 years before certification as a Forensic Scientist).

Contents include trainee application, transcript(s), weekly activities calendar, weekly schedule of reports, test answer sheets, copies of quizzes, module completion checklists, and performance evaluations of trainee/mock trial evaluations. Applications of the trainee, transcripts, evaluations of the trainee, counseling reports, and discipline reports are duplicates as the originals are permanently maintained in the agency's Personnel Files per application 85-87M. The remainder of the file is original. The Department of Central Management Services maintains Attendance Records and Evaluations for six (6) years per item 1 of application 76-109.

This item supersedes State Records Application No. 02-20, item 1, in order to revise the record series title and increase the retention period from six (6) years to eighty (80) years, per agency request.

Recommendation: Records will be microfilmed within 20 years, as prescribed in the Division of Forensic Services internal policy. Transfer security negative reel microfilm to the State Records Center. Retain electronic and microfilmed records for 80 years from the date of the record, then destroy the microfilm in a secure manner or delete from the system provided all audits have been completed and no litigation is pending or anticipated. Disposal of records after copying or digitization must be noted on a Records Disposal Certificate.

Deferred  
11/15/17

Disposition  
approved as  
rewritten  
12/20/17

APPLICATION FOR AUTHORITY  
TO DISPOSE OF STATE RECORDS  
(continued)

Application No. 17-45

Page 3 of 5

Item No.	Record Series Title, Description and Recommendation	Action Taken
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**2. Quality Assurance Records of the Division of Forensic Services**

Dates: January 1, 2018 -  
Volume: 960 GB  
Annual Accumulation: 12 GB  
Arrangement: Chronological

This record series consists of documentation retained for various types of Inspections and Audits, conducted both internally and externally, by the Division of Forensic Services. The Division of Forensic Services is responsible for providing quality assurance in scientific analysis for all law enforcement agencies and the judicial system by defining an established set of standards and controls for the analyst/examiner to use as a basis for producing quality work. File series contents contain all quality assurance records as required by accreditation standards such as inspections and audits; Quality Incident Reports (QIR); external proficiency tests, internal proficiency tests, court appearance summaries (and supporting documents); and random re-analysis testing results. The files also include any quality assurance records that may be generated by the Quality Assurance Director in the performance of his/her duties, including but not limited to: policy manuals, training manuals, procedure manuals, and other controlled documents.

This Application supersedes State Record Disposal Application 09-18 in order to revise/expand the record series title and description and to extend the length of the retention period from ten (10) years to eighty (80) years per agency request.

Recommendation: Records will be microfilmed within 20 years, as prescribed in the Division of Forensic Services internal policy. Transfer security negative reel microfilm to the State Records Center. Retain electronic and microfilmed records for 80 years from the date of the record, then destroy the microfilm in a secure manner or delete from the system provided all audits have been completed and no litigation is pending or anticipated. Disposal of records after copying or digitization must be noted on a Records Disposal Certificate.

Deferred  
11/15/17

Disposition  
approved as  
rewritten  
12/20/17

APPLICATION FOR AUTHORITY  
TO DISPOSE OF STATE RECORDS  
(continued)

Application No. 17-45  
Page 4 of 5

Item No.	Record Series Title, Description and Recommendation	Action Taken
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**3. Division of Forensic Services Case Files**

Dates: January 1, 2018 -  
Volume: 3.09 TB  
Annual Accumulation: 13.6 GB  
Arrangement: Chronological by year

This record series represents the original laboratory reports, worksheets, photographs, latent fingerprints, investigative notes, and all materials associated or generated as a result of case work conducted in the Division of Forensic Services. Information in this record series may include, but is not limited to: Instrument data, analytical reports, evidence receipts, outsourced reports, outsourced case files, subpoenas, search warrants, and case communications.

The record series is subject to the provisions of the Criminal Identification Act, 20 ILCS 2630/7.

This application item supersedes Applications 87-56 item 1, and 79-41 item 1, to provide a change in retention from seventy-four (74) to eighty (80) years of the agency record copy with transfer of microfilm to the Illinois State Records Center for concurrent retention and item 1 of Application 98-77 in order to increase the retention period from nineteen (19) years to eighty (80) years at the Illinois State Police Agency and to provide transfer of microfilm to the Illinois State Records Center for concurrent retention.

Recommendation:	Records will be microfilmed within 20 years, as prescribed in the Division of Forensic Services internal policy. Transfer security negative reel microfilm to the State Records Center. Retain electronic and microfilmed records for 80 years from the date of the record, then destroy the microfilm in a secure manner or delete from the system provided all audits have been completed and no litigation is pending or anticipated.	Deferred 11/15/17
	Records ordered for expungement may be destroyed upon receipt of a court order. Disposal of records after copying or digitization must be noted on a Records Disposal Certificate.	Disposition approved as amended 12/20/17
	This record series is confidential and subject to the Illinois Criminal Identification Act 20 ILCS 2630 and the Illinois Uniform Conviction Information Act 20 ILCS 2635.	

**APPLICATION FOR AUTHORITY  
TO DISPOSE OF STATE RECORDS  
(continued)**

Application No. 17-45  
Page 5 of 5

Item No.	Record Series Title, Description and Recommendation	Action Taken
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The State Records Center will continue to receive the hardcopy agency record copies until the year 2022 under applications 87-56 item 1, and 79-41 item 1 for the years 2012 through 2017.

**4. Laboratory Reports (Polygraph Files)**

Dates: January 1, 2018  
Volume: 24 GB  
Annual Accumulation: 300 MB  
Arrangement: Numerical

This record series consists of police correspondence, annual reports, monthly reports, division correspondence, and polygraph charts.

This item supersedes State Records Application 62-03, Item 6, in order to change the retention period from two (2) years and “until the statute of limitations has barred prosecution”, to eighty (80) years per agency request.”

Recommendation:	Records will be microfilmed within 20 years, as prescribed in the Division of Forensic Services internal policy. Transfer security negative reel microfilm to the State Records Center. Retain electronic and microfilmed records for 80 years from the date of the record, then destroy the microfilm in a secure manner or delete from the system provided all audits have been completed and no litigation is pending or anticipated. Disposal of records after copying or digitization must be noted on a Records Disposal Certificate.	Deferred 11/15/17
		Disposition approved as rewritten 12/20/17

<b>INDEX EQUIPMENT</b>			
	<b>NAME</b>	<b>DATE</b>	<b>PAGE(S)</b>
EQP 1	Property Inventory	01/10/19	1
EQP 2	Equipment Purchases	01/18/24	4
<b>EQP 3</b>	<b>Surplus Equipment</b>	<b>03/14/24</b>	<b>3</b>
EQP 4	Equipment Problems: Repair/Maintenance	01/10/19	3
<b>EQP 5</b>	<b>Requirements for Acceptance of Major Equipment</b>	<b>03/14/24</b>	<b>2</b>
<b>EQP 6</b>	<b>Wireless Voice/Data Communication Device</b>	<b>03/14/24</b>	<b>1</b>



## Forensic Sciences Command



Date of Original Issue: 01/27/97	Policy: <b>EQP 1 - Property Inventory</b> Page 1 of 1
Date of Revised Issue: 01/10/19	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-19-02	

**I. POLICY**

■ All Forensic Sciences Command (FSC) personnel must be diligent in ensuring control and accurate record keeping of property resources. All Command personnel are responsible for ensuring an awareness of and compliance with the provisions of the Illinois State Police (ISP) Directive ADM-128.

**II. DISCUSSION**

Due to the nature of forensic science laboratory operations, the following activities are appropriate in relation to property control for FSC.

- A. Some laboratory equipment may be “assigned” to a laboratory room/location rather than an individual. Such assignments will be allowed only for large laboratory equipment routinely utilized by more than one individual.
- B. On March 28, 2011, the Division of Forensic Services obtained approval from the Office of the Director to exempt the FSC from the quarterly inventory process as per ISP Directive ADM 128; IV.B.7. FSC Laboratory Directors will ensure semi-annual inventory reconciliations are performed and reported as required by the ISP Directive.



## Forensic Sciences Command



Date of Original Issue: 09/1/99	Policy: <b>EQP 2 - Equipment Purchases</b> Page 1 of 4
Date of Revised Issue: 01/18/24	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-24-02	

## I. POLICY

Forensic Sciences Command policy requires that all equipment purchases are to be made in such a manner as to ensure the highest level of scientific analysis, full compliance of all purchasing laws, rules and guidelines, and cost effective to the extent that quality and timeliness of work will not be compromised.

## II. DEFINITIONS

- II.A. New Types of Equipment: Analytical equipment and/or major accessories not currently used in the Command.
- II.B. Replacement Equipment: Analytical equipment of a type currently in use in the requesting laboratory, where the current equipment is to be taken out of service.
- II.C. Additional Equipment: Analytical equipment of a type currently in use in a command laboratory, where any current equipment will be retained by the laboratory.
- II.D. Computers: Stand-alone units not used to control any analytical equipment.
- II.E. Software: New programs, upgrades to current programs, or additional copies of current programs.
- II.F. Major Equipment: Individual items costing \$50,000 or over. This also includes multiple purchases of a single item which totals \$50,000 or more.
- II.G. Minor Equipment: Individual items costing more than \$10,000 but less than \$50,000.
- II.H. Small Equipment: Individual items costing less than \$10,000.

## III. RESPONSIBILITIES

- III.A. Each Laboratory Director (LD) is responsible for monitoring laboratory equipment needs and making recommendations to meet these needs. Directors are also responsible for the timely use of all equipment funds allocated to their laboratory.
- III.B. Each Command Advisory Board (CAB) is responsible for recommendations for their section pertaining to new types of equipment. Requests for new types of equipment must be accompanied by a research project proposal. Training Coordinators and Command Coordinators will assist with the recommendations as needed. The Information/Equipment Program Administrator (IEPA) will facilitate these activities.

- III.B.1. The research proposal shall document that equipment used for measurement is capable of achieving the measurement accuracy and/or measurement uncertainty required to provide a valid result.
- III.C. Training Coordinators and Command Coordinators are responsible for reviewing requests for, making recommendations for, and evaluating major equipment (additional or replacement) and the development of specifications for their purchase.
- III.D. Command is responsible for coordinating purchase of Command equipment obtained with Command cost center funds. Examples: lasers, small equipment items, computer controlled items (i.e., GC/MSDs, FTIRs, SEMs, X-Ray equipment, including major equipment for these items), PCs and related items, and major microscopes (generally those other than stereo microscopes). Questions as to how various equipment purchases relate to this directive are to be addressed to the Information/Equipment Program Administrator.

#### IV. PROCEDURES

##### IV.A. New Types of Equipment

- IV.A.1. Prior to requesting new types of equipment the Laboratory Director must ensure a research project proposal is submitted.
- IV.A.2. The proposal will be forwarded to the Training and Application (T/A) Laboratory Director for review. If the T/A Laboratory Director has no questions or recommendations for additional testing, the Command Coordinator will review and determine whether or not the project is approved. The Command Coordinator will consult with the appropriate Training Coordinator(s), Technical Leader(s) and CAB(s) as needed. A response will be provided to the requesting Laboratory Director.
- IV.A.3. If approved, the Command Coordinator will provide the recommendation to purchase the new equipment to the Information/Equipment Program Administrator so that it can be considered for the purchase plan. The recommendation that Command should obtain such equipment is to include which laboratories would receive the equipment, as follows:
  - IV.A.3.a. The requesting laboratory only, or
  - IV.A.3.b. All laboratories conducting the type of analysis, or
  - IV.A.3.c. Sufficient laboratories to regionalize the type of analysis and identify recommended laboratories.

##### IV.B. In-laboratory Equipment Demonstrations

- IV.B.1. Such requests are to be made by the Laboratory Director to the T/A Laboratory Director outlining the vendor, type of equipment, and the reasons for the demonstration. The T/A Laboratory Director will either:
  - IV.B.1.a. Make the arrangements for the evaluation, or
  - IV.B.1.b. Assign this task to the appropriate Laboratory Director or Training Coordinator.

IV.B.2. The person responsible for the demonstration is to make a written report of the results to the T/A Laboratory Director, who will forward the report to the requesting Laboratory Director(s).

IV.C. Equipment List

IV.C.1. Laboratory Directors will ensure their computer and software needs are included on the equipment list.

IV.C.2. The Information/Equipment Program Administrator will maintain a list of equipment needed by the Command. This list is to include major, minor, and small equipment items.

IV.C.3. The Laboratory Directors are responsible for submitting changes to the list on a regular basis. These changes include deletions, updates, and additions. The changes must be submitted to the IEPA.

IV.C.4. The IEPA will coordinate a review of the list of requested equipment with the appropriate Command Coordinator(s).

IV.C.5. The Command Coordinator(s) will ensure the requested equipment fits the direction the section is headed. They will ensure the needs of all labs are considered and they will ensure requested equipment is the most technically appropriate and fiscally responsible choice. Command Coordinator approval is required before equipment can be purchased.

IV.D. Development/Implementation of the Purchase Plan

IV.D.1. After the new fiscal year budget has been distributed, Command will develop an equipment purchase plan for the fiscal year. This will include purchases from all Command controlled cost centers, including grant funds known at that time. This plan will indicate which items are considered single- and multi- laboratory for specification development purposes. It will also indicate which items will be, pending fund availability, funded by Command controlled funds. This plan will then be distributed to all Laboratory Directors.

IV.D.2. Laboratory Directors will be authorized to purchase from this plan as funds are identified. Laboratory cost center fund purchases may be made anytime such funds are available after the plan is distributed. The goal is to have at least seventy-five percent (75%) of laboratory/program cost center funds committed by November 15.

IV.D.3. Any additions to the plan must be approved by the Command Coordinator, or Bureau Chief of the Laboratory Director, prior to making a request for purchase.

IV.E. Development of Purchasing Documents

IV.E.1. Minor Equipment - As funding is identified for approved items on the purchase plan, the following is to be submitted to the Staff Support Manager along with a completed Material Request Form (MRF): a Procurement Justification Form (PJF), a small business waiver, and a BidBuy Procurement Justification Form.

IV.E.1.a. A requisition must be started in BidBuy. The requisition number must be on the MRF.

IV.E.1.b. A vendor-signed State of Illinois contract.

IV.E.1.c. The resources indicated in IV.E.2. and IV.E.3. below may be utilized as needed to identify appropriate equipment and potential vendors.

IV.E.2. Major Equipment - The Information/Equipment Program Administrator will have the information developed utilizing statewide training as appropriate. In addition to the basic specifications, include accessories recommended as standard and those which can be a laboratory option. These specifications are to be sent to the appropriate Laboratory Directors and Command Coordinators for their review, identification of options, and written concurrence. If there is not concurrence the Laboratory Director/Command Coordinator is to submit to the Information/Equipment Program Administrator either:

- IV.E.2.a. Documentation that the equipment is no longer needed by that laboratory, or
- IV.E.2.b. Specifications for a recommended substitution along with a vendor list, if different from above, or
- IV.E.2.c. Any corrections to the specifications.
- IV.E.2.d. Policy requires that all criteria within a specification be justified in writing. The justification must be submitted to the Information/Equipment Program Administrator. Approved justifications are required prior to initiating the purchase procedure.
- IV.E.2.e. When appropriate, physical specifications should include performance specifications sufficient to ensure proper performance.

IV.E.3. Computer Equipment and Software - The IEPA will coordinate with the Department of Innovation and Technology (DoIT) to develop the specifications.

IV.E.4. Small Equipment – To purchase small equipment (under \$10,000), registered small businesses must be solicited. Registered small businesses can be identified in BidBuy searching by their National Institute of Governmental Purchasing (NIGP) code. If there are no small businesses registered under that code or there are no responding small businesses, a small business waiver can be approved by the State Purchasing Officer. Then, large businesses can be solicited with the lowest cost responsive, responsible vendor selected from which to purchase the equipment.



## Forensic Sciences Command



Date of Original Issue: 04/14/97	Policy: <b>EQP 3 - Surplus Equipment</b> Page 1 of 3
Date of Revised Issue: 03/14/24	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-24-03	

## I. POLICY

Forensic Sciences Command laboratories are to have first choice of any surplus equipment in the Command. Next will be the Illinois State Police (ISP) Division of Justice Services (DJS) Department of Innovation and Technology (DoIT) unit for computer equipment, then, for non-computer equipment, non-ISP state laboratories, followed by universities or other organizations with the approval of the Commander. Responsibility for proper disposal of surplus property rests with each Laboratory Director (LD). Within Command Headquarters the Division Fiscal Staff is responsible for this duty. If the property was originally purchased using grant funds, then the Grant Administrator must either approve/disapprove all requests to surplus prior to any action being taken or provide direction regarding the assessment of the fair market value. All items purchased using Federal funds must be clearly marked as such prior to sending to the State surplus facility.

## II. PROCEDURE

- II.A. When a laboratory has surplus equipment that was purchased using non-grant funds, including computer items, or surplus chemicals, the Laboratory Director will send a memorandum/email to all Laboratory Director's and Scene and Evidence Services Command (SESC). A copy will be sent to the Bureau Chiefs, Program Managers, and the Information and Equipment Program Administrator. The memorandum/email will include:
  - II.A.1. Description of the equipment or chemical, including the condition; do not include expired chemicals or non-serviceable items unless there appears to be a use for parts.
  - II.A.2. Request for response by a specific date. For non-computer equipment, if a laboratory is not interested, but knows of a state agency or other organization which might be interested, this should be provided in the response. Computer-related equipment (computers, monitors, printers, etc.) cannot be offered to agencies outside the ISP but must be disposed of according to section II.C.5.
  - II.A.3. The Information and Equipment Program Administrator will contact DoIT in regard to any computer equipment to determine if there is need within ISP for the item(s) and notify the Laboratory Director.
- II.B. When a laboratory has surplus equipment that was purchased with grant funds, including computer items or surplus chemicals, the Laboratory Director will contact the Grant Administrator, requesting further instruction. The information should include the grant used to purchase the instrument/equipment.

II.C. Based on the response in II.A. or II.B. the LD will take the following action, as applicable:

- II.C.1. Transfer the equipment to another laboratory, Scene and Evidence Services Command, or to DoIT.
- II.C.2. If more than one laboratory indicates a desire for the equipment and it cannot be resolved, the determination will be made by the Commander.
- II.C.3. For remaining non-computer items, the Laboratory Director will prepare a revised listing of equipment. This listing will be sent to the other State of Illinois laboratories listed in EQP Appendix 1; include a response date. Following the responses from interested State of Illinois laboratories, any remaining items may be transferred to universities or other entities with the approval of the Commander.
- II.C.4. For remaining non-computer items, follow the procedures to surplus equipment to the state warehouse.

Note: Computers that are used to operate analytical instruments may accompany the instruments when they are taken to surplus. The operating software may be left installed on the computer, as it is necessary for use of the instrument. However, all personal and case-related data must be removed from the computer prior to it being taken to surplus.

- II.C.5. For remaining computer related items contact one of the following people to set up a time to drop off surplus computer related items. Drop off is by appointment only.

**Springfield**

Electronics and Computers:

Armando Davilla ([Armando.Davilla@illinois.gov](mailto:Armando.Davilla@illinois.gov)),  
Phone: 217-524-0694

Non-electronics:

J.R. Pickett ([JR.Pickett@illinois.gov](mailto:JR.Pickett@illinois.gov))  
Phone: 217-558-7007

Additional Contact:

Tom Whitehead  
Phone: 217-782-9748

If you know something is broken, use a permanent marker and write “Bad” across the item. If you need to surplus a large quantity of items, try to package “like” items together.

II.D. All transferred equipment must be removed from the department inventory.

II.E. Equipment manufacturers' operating manuals (user's manuals)

II.E.1. ISO 17025 Non-controlled Documents

Whenever Forensic Sciences Command analysts rely on section procedure manuals for conducting analysis of evidence and only use operating manuals as a reference source, then the operating manuals are defined as “non-controlled” documents from the accreditation perspective. It will not be required to archive the operating manuals used in this manner.

These printed operating manuals will accompany the equipment, especially analytical equipment, when transferred to another state laboratory, university or another entity. The operating manuals will also accompany the equipment when being sent to surplus following the Department of Central Management Services regulations.

#### II.E.2. ISO 17025 Controlled Documents

When a section's procedures manual states Forensic Sciences Command analysts must rely on an equipment operating manual for a procedure (e.g. conducting analysis or performing maintenance), then the manual is defined as a "controlled document" and must comply with the relevant ISO 17025 accreditation requirements. Therefore, these operating manuals will be archived using the policies for equipment files in ADM 4.



## Forensic Sciences Command



Date of Original Issue: 01/27/97	Policy: <b>EQP 4 - Equipment Problems: Repair or Maintenance</b> Page 1 of 3
Date of Revised Issue: 1/10/19	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-19-02	

## I. POLICY

- I.A. Monitoring of equipment maintenance and any associated problems is the responsibility of each Laboratory Director regardless of the cost center funding the repairs. Any unusual problems encountered are to be communicated to the rest of the Command via a numbered section memo.
- I.B. Repairs to all types of equipment not listed in EQP Appendix 2 are the fiscal responsibility of each cost center unless covered by a maintenance contract funded by another source.
- I.C. Except under unusual circumstances repairs will be done on a time and materials basis rather than via prepaid contracts.
- I.D. Maintenance of equipment will take precedence over case work except that there may be times when a rush case will require precedence. Routine maintenance is to be scheduled in advance and affected persons notified.

## II. PROCEDURE

- II.A. Contracts
  - II.A.1. Command will provide a list of vendors for which Command has contracts.
  - II.A.2. All other required contracts are to be prepared by the laboratory. Any questions as to what cost center is to be charged are to be addressed to the Command Staff Support Manager.
- II.B. Repairs-Laboratory Cost Center Responsibility
  - II.B.1. All arrangements for repairs are to be made by the cost center.
  - II.B.2. A Command instrument repair number will not be used.
- II.C. Repair Procedures - Command Cost Center Responsibility
  - II.C.1. NO ITEMS TO BE CHARGED TO COST CENTER 330 OR OTHER COST CENTERS

ADMINISTERED BY COMMAND ARE TO BE INITIATED WITHOUT FIRST OBTAINING AN EQUIPMENT REPAIR NUMBER

- II.C.1.a. Items such as GC columns, flame tips, and other “consumables” are not included.
- II.C.1.b. Repairs done with no charge, such as warranty service, do not require a repair number.
- II.C.1.c. Replacement parts charged to Command without a service call require a repair number.
- II.C.2. Prior to obtaining an equipment repair number, contact the vendor and discuss the problem to determine if correction can be made by in-house action such as adjustments or parts replacement without a service call. If cost is involved, obtain as accurate an estimate as possible and then contact the designated person at Command for an equipment repair number. The following information is required to obtain a number:
  - II.C.2.a. Instrument, including the inventory tag number.
  - II.C.2.b. Service vendor.
  - II.C.2.c. Estimated cost.
  - II.C.2.d. Name of person requesting the number.
  - II.C.2.e. Laboratory and section to which the equipment is assigned.
- II.C.3. Once a number is initiated, the same number will be utilized until the problem is resolved unless more than one bill will be issued by the vendor. Each billing is to have a separate repair number.
- II.C.4. Submit invoice vouchers, with repair number, charged to the proper cost center, through normal channels with a copy to Command.

II.D. Instrument Maintenance Information

- II.D.1. Under the circumstances listed below the rest of the Command will be notified via a numbered section memo, regardless of whether equipment is under warranty, there is cost involved, or what cost center is funding the repair.
  - II.D.1.a. A problem or unreasonable delay in obtaining repair of an instrument.
  - II.D.1.b. Information may be of value to others in the Command with similar equipment. Includes items which may:
    - II.D.1.b.1. Assist others in avoiding or more easily correcting a problem
    - II.D.1.b.2. Improve the operation of the equipment
    - II.D.1.b.3. Flag recurring problems or those that occur prior to a time when they might reasonably be expected to occur. This will assist in identifying problems with a particular type/make of equipment that should be discussed with the vendor.

II.D.1.b.4. A problem with the type and/or usage of equipment.

II.D.1.c. Information to Include in the Memo:

II.D.1.c.1. Equipment Repair #: Obtained from Command; if the report is a result of warranty repairs or is for information purposes, mark as such.

II.D.1.c.2. Item: make/type of equipment.

II.D.1.c.3. Service vendor: Company contacted for service.

II.D.1.c.4. Comments: Any pertinent items not covered in the above; for information items, be brief-additional information will be requested as needed.

II.D.1.c.5. Form completed by: Name of laboratory person providing information.



## Forensic Sciences Command



Date of Original Issue: 03/1/99	Policy: <b>EQP 5 - Requirements for Acceptance of Major Equipment</b> Page 1 of 2
Date of Revised Issue: 03/14/24	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-24-03	

## I. POLICY

In order to ensure effective utilization of Command resources, specific procedures are in effect regarding requirements for acceptance of major equipment.

## II. DEFINITION

For purposes of this directive, major equipment means microprocessor/computer controlled laboratory items costing more than \$15,000 or equipment that is required for correct performance of laboratory activities and that can influence the results. As a general rule, there may be some items costing less than this amount. These items will be identified by the Information/Equipment Program Administrator. For information about any questionable items, contact the Information/Equipment Program Administrator.

## III. PROCEDURE

## III.A. Installation

- III.A.1. Any required site preparations are to be made before receipt of the equipment. Before requesting equipment, the laboratory should determine what preparations are necessary and the length of time required to accomplish them.
- III.A.2. Upon receipt, the laboratory will contact the vendor to arrange installation. If installation is to occur more than two weeks after receipt, notify the Information/Equipment Program Administrator.
- III.A.3. Any incomplete installation or service work should be noted on the vendor's paperwork prior to signing. It is not enough to sign to indicate the vendor was at the laboratory.
- III.A.4. Following installation and before acceptance, a complete check out of the equipment is to occur. The item must demonstrate proper operation for the intended functions. Unless a documented problem remains, check out is to be completed within three weeks of installation. If a longer period is required, notify the Information/Equipment Program Administrator, including the reason(s) an extension is needed.

## III.B. Acceptance

- III.B.1. Upon satisfactory completion of the initial check out, the Laboratory Director (for the Forensic Science Center at Chicago (FSC-C), the appropriate Section Chief) will submit a memo to the Information/Equipment Program Administrator stating that the equipment is acceptable. This memo will initiate payment to the vendor.

III.B.2. The acceptance memo will include the following information; vendor, type of equipment, serial number, and section utilizing the equipment. If the equipment is being added to an existing instrument then the memo should include the tag number of that instrument. One memo will suffice for multiple items of the same type from the same vendor.

### III.C. Instrument Log

III.C.1. Upon receipt of an instrument, an asset will be created in the Lab Asset Manager (LAM) module of LIMS which contains the following information if applicable:

- III.C.1.a. Identity of the equipment, including the software/firmware version.
- III.C.1.b. Manufacturer name.
- III.C.1.c. Serial number.
- III.C.1.d. Inventory number.
- III.C.1.e. Current location.
- III.C.1.f. Calibration dates, results of calibration, adjustments, acceptance criteria, and due date of the next calibration or the calibration interval.
- III.C.1.g. Documentation of reference materials, results, acceptance criteria, relevant dates and the period of validity.
- III.C.1.h. The maintenance plan and maintenance carried out to date, where relevant to the performance of the equipment.
- III.C.1.i. Details of any damage, malfunction, modification to, or repair of the equipment.
- III.C.1.j. All contacts with the vendor for equipment/software problems. Include if and how resolved.
- III.C.1.k. Date of receipt, date of installation and name of vendor representative conducting installation. If installation is more than two weeks after receipt, note the reason(s).
- III.C.1.l. Date accepted. If acceptance is more than three weeks after installation, note the reason(s). This will include documentation that the equipment conforms with specified requirements.
- III.C.1.m. Warranty dates. Normally the warranty begins upon acceptance. If this is not the case, note the reason(s). If the original warranty is extended, note the new warranty date and the reason(s) for the extension.
- III.C.1.n. Shut down procedure is not required to be attached in LAM. The shut down procedure must also be posted at the instrument, when applicable, in case of emergency.
- III.C.1.o. Bulletins/memos issued concerning issues involving performance or service of a particular instrument.



Date of Original Issue: 9/08/00	Policy: <b>EQP 6 - Wireless Voice/Data Communication Device</b> Page 1 of 1
Date of Revised Issue: 03/14/24	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-24-03	

## I. POLICY

As required by Illinois State Police (ISP) Directive ADM-019, each Division and Command office will have a written policy regarding the acquisition, distribution, and use of cellular phones. All Forensic Sciences Command (FSC) personnel will comply with ISP Directive ADM-019. The following Command procedures are also in effect.

## II. PROCEDURES

- II.A. A request for a wireless voice/data communication device will require written documentation which provides justification for the need for the wireless voice/data communication device.
- II.B. The written justification will be forwarded through the chain of command and require each supervisory level to document on the request their recommendation to approve or disapprove the request.
- II.C. The assigned Division/Command Telecommunications Coordinator will create a formal memo addressed to the Division of Forensic Services (DFS) Colonel/Deputy Director. The memo will include the request for approval from the ISP Director's Office, the type of telecommunication device (phone), who the device is for, and the approved justification. In addition, the memo will include the cost of the phone, the cost of the phone case, the cost of the MobileIron license, the recurring costs of the phone, and the funding source. The Division/Command Telecommunications Coordinator will forward the request to the DFS Telecommunications Coordinator (currently the Division Chief of Staff) for Division approval and ISP Director approval. Copies will be sent to the Command Staff Support Manager and respective Command Bureau Chief. If the request is denied, it will be forwarded through the chain of command to the employee.
- II.D. Once approved by the DFS Colonel/Deputy Director, the Division Telecommunications Coordinator will request ISP Director approval for the purchase. Once ISP Director approval is obtained, the Division Telecommunications Coordinator will forward the request to the Division of Administration, Administrative Services Command, Logistics Bureau for purchase.
- II.E. When a location is notified that an employee will receive a wireless voice/data communication device, the laboratory administration is to notify their Bureau Chief of the receipt of the wireless voice/data communication device and the phone number of the device, if applicable.
- II.F. Each Laboratory Director must ensure compliance with the provisions of ISP ADM-019.

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ILLINOIS STATE POLICE  
DIVISION OF FORENSIC SERVICES  
FORENSIC SCIENCES COMMAND

LISTING OF STATE OF ILLINOIS LABORATORIES

Ms. Laura Lynn Keefer  
Illinois State Water Survey  
2204 Griffith Drive  
Champaign, Illinois 61820-7495

Dr. Sameer Vohra  
Department of Public Health  
825 North Rutledge  
Springfield, Illinois 62702

Mr. James Jennings  
Environmental Protection Agency  
P.O. Box 19276  
1021 North Grand Avenue East  
Springfield, Illinois 62794-9276

Ms. Cinnamon Catlin-Legutko  
Illinois State Museum  
Research and Collection Center  
1101 East Ash Street  
Springfield, Illinois 62703

Mr. Omer Osman  
Department of Transportation  
126 East Ash Street  
Springfield, Illinois 62703

Ms. Natalie Phelps Finnie  
Illinois Department of Natural Resources  
503 E. Main Street  
Benton, Illinois 62812

Mr. Jerry Costello II  
Department of Agriculture  
Animal Disease Laboratory  
P.O. Box 2100X  
2100 Lake Storey Road  
Galesburg, Illinois 61401

## EQP Appendix 2

### ILLINOIS STATE POLICE DIVISION OF FORENSIC SERVICES FORENSIC SCIENCES COMMAND

#### LIST OF EQUIPMENT REPAIRS PAID BY COMMAND

█ LIMS equipment  
Capillary Electrophoresis (CE) units  
█ Enzyme Mediated Immunoassay Technique (EMIT)  
Fourier Transform Infrared Spectrophotometer (FTIR)  
Gamma Counter  
Gas Chromatograph/Infrared Spectrophotometer Detector (GC/IR)  
Gas Chromatograph/ Mass Selective Detector (GC/MSD)  
Gas Chromatograph/Mass Spectrometer (GC/MS)  
Gas Chromatograph (GC)  
High Performance Liquid Chromatography (HPLC)  
Image Enhancement System  
National Integrated Ballistic Information Network (NIBIN) units  
Laser  
Liquid Chromatograph Mass Spectrometer (LCMS)  
Liquid Chromatograph Triple Quadrupole Mass Spectrometer (LCMSMS)  
Microspectrophotometer  
Radio Immunoassay (RIA)  
rtPCRs  
Rosysplatogene Machine  
Robots  
Scanning Electron Microscope (SEM)  
Speed Vacs  
Thermal Cyclers  
Time of Flight Mass Spectrometers (qTOF)  
X-Ray Diffraction (XRD)

#### LIST OF EQUIPMENT REPAIRS NOT PAID BY COMMAND

Microscopes (other than SEM)  
Print Processors  
Water Purification System  
Hoods/Biohoods

<b>INDEX</b> <b>EVIDENCE SUBMISSION HANDOUTS</b>			
	<b>NAME</b>	<b>DATE</b>	<b>PAGE(S)</b>
<b>ESH 1</b>	<b>Evidence Submission Handouts</b>	<b>12/20/19</b>	<b>1</b>



Date of Original Issue: 06/01/01	Policy: <b>ESH 1 - Evidence Submission Handouts</b> Page 1 of 1
Date of Revised Issue: 12/20/19	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-19-10	

## I. PURPOSE

The purpose of the Evidence Submission Handouts is to provide documentation to agencies who use the services of the Illinois State Police (ISP) Forensic Science Laboratory System. The handouts are intended to facilitate the proper techniques in evidence submission to the laboratories.

## II. POLICY

- II.A. Command Directive Evidence Submission Handouts Appendices (see ESH App Index), provide detailed guidelines for submitting evidence to specific disciplines.

The Evidence Packing and Submission Recommendations by Evidence Type (see CD ESH App 28, ISP Form #6-420) handout provides an overview of the individual handouts. This document offers a quick reference by the type of analysis needed and how to properly package the evidence for submission to the forensic laboratories.

- II.A.1. The appendices can also be found in the following locations:
  - a. ISP Document Library (search by ISP Form Number on bottom right hand corner)
  - b. Laboratory Information Management System (LIMS) Prelog

III.A.2. The handouts can be printed or downloaded from any of the above locations.

- II.B. The content of a handout cannot be modified in any manner except through the authority of Command.

- II.C. The Command Advisory Boards (CAB) are responsible for:

- II.C.1. Forwarding any recommended changes to the appropriate Program Manager or Command Coordinator.

- II.C.2. Performing at a minimum, an annual review of each section's handouts to ensure accuracy of the information.

- II.D. Suggestions for changes to the existing document(s) can be made from an employee through the chain of command to the respective Bureau Chief/Program Manager.

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**ILLINOIS STATE POLICE  
Division of Forensic Services  
Forensic Sciences Command**

**ESH Appendix 1      SUBMISSION OF EVIDENCE FOR BIOLOGY (SCREENING AND/OR DNA ANALYSIS)**

**I. INTRODUCTION**

The following information regarding biological evidence is designed by the Forensic Sciences Command (FSC) to assist in providing the necessary analysis on cases received in the Biology section of any Illinois State Police (ISP) laboratory. The submitting agency will be encouraged to enter as much information as possible into Prelog for the Laboratory Information Management System (LIMS) to facilitate analysis. Should the information provided be insufficient, the submitting agency will be contacted in order to obtain the necessary information.

**II. SUBMISSION GUIDELINES**

**A. General Information**

1. Evidence submitted for analysis must be the subject of a current or prior criminal investigation and is expected to contain probative biological stains. Samples from missing persons, relatives of missing persons, and unidentified human (remains) may be submitted to the laboratory even if they are non-criminal in nature, as authorized by law.
2. Cases in which the investigating agency has determined a crime has occurred, but for which the state's attorney's office has not yet filed charges, should be submitted to the laboratory.
3. Generally, the priority of case analysis will be crimes against persons followed by property crimes; however, the user agency's needs will also be taken into consideration when prioritizing case analysis. Missing Person cases and unidentified human (remains) cases will be prioritized to meet Public Act 95-0192. The agency must inform the laboratory of any special needs (e.g., rush request, impending court date, etc.) that exist.
4. Analysis will not be conducted on cases for which the investigating agency has determined and/or indicated to the laboratory that no crime has occurred.
5. **Evidence collected in sexual assault cases must be submitted within ten (10) business days of receipt, in accordance with the Sexual Assault Evidence Submission Act (Public Act 96-1011, effective 9-1-10).**  
5a. Prior to submission of the Illinois State Police Sexual Assault Evidence Collection Kit, the law enforcement agency must ensure that all required signatures are obtained on the "Patient Consent: Collect and Test Evidence or Collect and Hold Evidence" form within the kit. Sexual assault kits that do not have the required consent and release signatures on file with the law enforcement agency cannot be accepted for laboratory analysis. **This form is for law enforcement use only and should not be submitted to the laboratory.**

B. Item Submission Policy

1. To maximize available resources, submissions to the Biology section will be based on a tiered approach. The number of items accepted by the laboratory will be limited depending on the nature and type of case submitted. Only those stains of the greatest probative value will be analyzed for DNA. One item of evidence is defined as one parent item (such as one shirt, one pair of pants, one knife, etc.) or one swabbing (such as a swabbing of the handle of a firearm, a swabbing of a bloodstain from a knife, a swabbing of the handle of a knife, etc.). Each item should be swabbed with a single swab whenever possible and packaged individually for submission to the laboratory.
2. Tier One Submissions (without laboratory consultation)
  - 2a. Homicides
    - i. Up to five items/sub-items or any combination thereof.
    - ii. Appropriate DNA Standards (see “Standards” section below).
  - 2b. Sexual Crimes
    - i. Sexual Assault kit
    - ii. If no kit was collected or when the most probative item is not contained within the kit, the two most probative items/sub-items or any combination thereof.
    - iii. Appropriate DNA standards (see “Standards” section below).
  - 2c. Criminal Parentage Cases
    - i. Known standards from two or more parties of the parentage trio: child/product of conception, alleged father and alleged mother.
  - 2d. All other Crimes Against Persons
    - i. Up to three items/sub-items or any combination thereof.
    - ii. Appropriate DNA Standards (see “Standards” section below).
  - 2e. Property Crimes
    - i. Up to two items/sub-items or any combination thereof.
    - ii. Appropriate DNA Standards (see “Standards” section below).
  - 2f. **If a probative link/information is obtained from Tier One analysis or through Latent Print analysis, no further submissions will be accepted without approval of the Laboratory Director or other designated laboratory manager.**
3. Tier Two Submissions (Requires consultation with the assigned case analyst or the supervisor if the case analyst is not available; or a major case review, if appropriate.)
  - 3a. Homicides - Up to five additional items/sub-items or any combination thereof.
  - 3b. Sexual Crimes - Up to two additional items/sub-items or any combination thereof.
  - 3c. All Other Crimes Against Persons - Up to two additional items/sub-items or any combination thereof.
  - 3d. Property Crimes - Up to two additional items/sub-items or any combination thereof.
4. Additional Submissions
  - 4a. If no probative information is gained from the analysis of either the Tier One or Tier Two submissions, laboratory consultation is required before any further submissions will be considered.
  - 4b. The laboratory consultation should include, at a minimum, the appropriate laboratory manager, the case investigator and the case analyst.

5. Items Not Analyzed

- 5a. Items that have merely been touched for access or moved will not be accepted. Such items may include handle pulls, electrical cord ends or items that have been merely moved during a burglary.
- 5b. Items taken out of the possession of a suspect will not be accepted if looking for suspect DNA on the item.
- 5c. Drug packaging cases will not routinely be accepted.
- 5d. Swabbing items in public areas will not be accepted. This includes, but is not limited to: counter tops, public telephones, door handles, etc.

6. Exceptions

All exceptions to this policy must have the approval of the Laboratory Director or other designated laboratory manager.

C. Permission to Consume

- 1. Permission to Consume may be required from the agency/State's Attorney's Office when the anticipated amount of evidence sample required to obtain a useable result may leave an insufficient amount of the evidence sample for any subsequent analysis.
- 2. It is not considered consumption to use the entire sample taken from an item of evidence (e.g. portion of a bloodstain) if additional stain remains on the item or the item can be sampled again (e.g. swabbing of a knit hat, swabbing of an airbag, etc.).

D. Guidelines for Evidence Types

1. Blood

- 1a. Suspected bloodstains may be analyzed to determine if blood is indicated. Further testing may be conducted to determine if the material is of human origin. Suspected bloodstains of non-human origin may also be analyzed to determine the species of the material if necessary.
- 1b. Bloodstains in a wound area of a suspect or victim will not be examined unless the agency provides sufficient information to warrant analysis.

2. Other Body Fluids/Samples

- 2a. Suspected body fluid stains may be tested to indicate what type of body fluid may be present (i.e., semen and saliva).
- 2b. Other samples such as fingernail scrapings, tissue samples and bone samples having probative value may be submitted for analysis.

3. Epithelial (Skin) Cell Cases

- 3a. Epithelial cell cases involve DNA that is left behind when a person makes skin contact with an item of evidence. Due to the extremely sensitive nature of DNA technology, contamination must be considered when collecting and processing evidence for DNA, therefore, all clean technique procedures must be followed (see Section III below). If an item of evidence is inadvertently touched by a case agent without clean technique, the laboratory should be notified, and appropriate elimination standards submitted.
- 3b. Items submitted for both epithelial DNA and latent print analysis
  - 3b1. It may not always be possible to conduct both types of analysis on evidence items such as handles of tools or knives, etc. The agency must provide their desired analysis type (DNA or Latent Print) in the Prelog service request.

#### 4. Hair Samples

- 4a. Hair samples will be accepted on unsolved cases that fall into one of the following offense categories: murder, attempted murder, sexual assault/abuse or battery.
- 4b. DNA analysis of hairs will not routinely be conducted unless the case scenario identifies the hair(s) as the most probative item of evidence.
- 4c. DNA analysis of hairs collected by taping, vacuuming, or other methods of mass hair collection will not routinely be conducted.

#### E. Sexual Assault Cases

- 1. Cases with circumstances involving issues of consent (e.g., “he said/she said” type cases in which both parties agree sexual contact occurred but dispute whether there was mutual consent) are to be submitted.
- 2. Effective September 1, 2010, sexual assault evidence must be submitted in accordance with the Sexual Assault Evidence Submission Act (Public Act 96-1011).
- 3. Sexual Assault Kits
  - 3a. Biological screening of sexual assault kits will not be routinely conducted. Analysis of the kit contents will be conducted based upon review of the alleged assault details provided by the victim and investigating agency.
  - 3b. Half of the targeted swabs will be tested initially. This eliminates the need for the laboratory to obtain permission to consume samples prior to testing.
- 4. Subsequent laboratory reports may include biological screening of items such as clothing, consumptive DNA testing, or results of Y-STR DNA analysis.
- 5. Semen stains on the clothing or bedding belonging to a male suspect will not be preserved or undergo DNA analysis unless the agency provides information to demonstrate analysis is warranted.
- 6. Fingernail scrapings will not be examined unless information provided warrants this analysis.

#### F. Parentage Cases

- 1. Parentage testing may be performed on cases involving criminal paternity/maternity, identification of human remains, or cases in which an evidentiary item is used in lieu of a reference standard. It will be limited in scope to those cases for which standards exist from two or more parties of a common parentage trio (mother, father, and child/product of conception). Cases that do not include the complete parentage trio, involve known population substructure, or where the questioned profile cannot be fully resolved from a mixture will be referred to a private laboratory for interpretation, as necessary.
  - 1a. Criminal Paternity
 

Analysis will be conducted to determine whether the child/product of conception could have inherited the obligatory alleles from the alleged father or mother.
  - 1b. Identification of Human Remains
 

Analysis will be conducted to determine whether the profile from the human remains is consistent with one of the parents of a parentage trio, or from an offspring of the parentage trio.
  - 1c. Cases in which an evidentiary item has been used in lieu of a reference standard
 

Analysis will be conducted to determine whether the profile from the evidentiary item is consistent with one of the parents of a parentage trio, or from an offspring of the parentage trio. It will be limited to those cases in which the profile from the evidentiary item is suspected as belonging to one of the individuals of the parentage trio. In addition, reference standards from the remaining two individuals of the trio must be submitted for testing. Comparisons will be made only for evidentiary items exhibiting single source profiles or resolvable single source profiles from a mixture.

## G. Cases Involving Epithelial Material

### 1. Clothing

- 1a. Items of evidence allegedly brought to the scene by the perpetrator and recovered from the scene will be accepted for DNA analysis.
- 1b. Victim's clothing will not be sampled for epithelial cells unless it is probative to identify the victim on the garment or the agency can identify the exact area where the perpetrator made contact with the item. Agencies are encouraged to swab the exact area themselves and submit the swabs for analysis.

### 2. Firearms

- 2a. Firearms will be swabbed for handler's DNA by the agency prior to submission to the laboratory. The agency should swab the rough grooved surfaces of the gun using no more than two sterile swabs. The swabbing(s) will be worked after Latent Print analysis is completed and results in no link to the handler of the firearm.
- 2b. In order for DNA analysis to be performed on a swabbing of a firearm, a direct link must be established between the firearm and the offense; this can be accomplished through firearm analysis, eye witness account, or other investigative information.
- 2c. "Felon in possession" cases will not be accepted unless all of the following criteria are met:
  - i. Fingerprint analysis did not reveal suitable latent prints for comparison or such analysis is not feasible,
  - ii. The laboratory director finds there exists an articulatable reason for DNA testing and such testing would be probative as to the issue of possession,
  - iii. The suspect is a convicted felon who is also currently on felony probation, mandatory supervised released(parole) or pre-trial release for a pending case, and
  - iv. The laboratory director finds all of the facts and circumstances of the specific case justifies expending limited DNA resources and is appropriate and consistent with prioritizing forensic testing on cases that most directly impact public safety.
- 2d. It should be noted that some laboratories may have additional restrictions on the submission of firearms.

### 3. Airbags

- 3a. Since the orientation of the airbag cannot be determined upon its arrival at the laboratory, it is necessary for the agency to swab the exact area and submit the swab for analysis. If the agency is unable to swab the airbag, the exact area to be swabbed must be clearly outlined.

## H. Standards

1. Blood standards must be submitted as drops of blood air-dried on a filter paper blotter card and sealed in a paper container. Two to five dime-sized drops will normally constitute an adequate sample. DNA analysis may not be conducted until standards from all potential contributors (victim(s), suspect(s), consensual partner(s), or elimination(s)) are submitted. Results of analysis of blood standards and evidence samples will be fully reported.
2. Buccal swab standards must be submitted as a swabbing of the inner cheek area of the inside of the mouth. THE BUCCAL SWAB STANDARDS MUST BE SEMEN-FREE. Two to four swabs constitute an adequate sample. The swabs must be air-dried and sealed in a paper container. DNA analysis may not be conducted until standards from all potential contributors (victim(s), suspect(s), consensual partner(s), or elimination(s)) are submitted. Results of analysis of buccal swab standards and evidence samples will be fully reported.
3. Only under very rare circumstances (when a blood standard or buccal swab standard is unobtainable or unsuitable for analysis) will a standard from another source (i.e., hair, bone, tooth,

etc.) or a secondary standard (i.e., clothing, toothbrush, etc.) be used as a substitute for a proper known standard. Please contact the laboratory for questions regarding collection and submission.

4. Elimination standards may consist of a consensual partner as identified in the course of the investigation of a sexual assault or a known individual whose DNA would be expected to be present on an item of evidence (e.g., the owner of a vehicle that has been hijacked or the resident(s) of a dwelling that has been burgled or invaded).
5. Cases without all appropriate standards will be subject to review by laboratory staff to determine acceptability. The law enforcement agency should contact the laboratory in the following instances:
  - o Sexual assault evidence where a standard cannot be obtained from a consensual partner.
  - o The suspect has fled the state/country and the standard could not be obtained.
  - o The court has ordered analysis prior to requiring a suspect standard be obtained.
  - o The passage of time renders the collection of the elimination standards ineffective
  - o Subjects are not cooperating with the law enforcement agency and not providing elimination standards.

#### I. Y-STR Case Analysis

1. Y-STR analysis will be applied to only those cases that cannot be resolved using autosomal STR analysis. All biological and autosomal STR testing of available evidence should be exhausted before Y-STR analysis is considered.
2. The number of questioned samples accepted per case will be limited to three.
3. Male standards are required before Y-STR testing will proceed. These standards may be from suspects and/or consensual partners.
4. Y-STR analysis may be used for those samples without a fully resolved male contributor.
5. Y-STR testing will not be performed on samples with interpretable autosomal results at six or more loci.
6. All exceptions to this policy must have the approval of the Laboratory Director or other designated laboratory manager.

#### III. SPECIAL HANDLING REQUIREMENTS AND CLEAN TECHNIQUE

Due to the extremely sensitive DNA technology available, attention to contamination must be considered when collecting and processing evidence for DNA analysis. Contaminating DNA from sources apart from the original contributor(s) of the stain can be deposited on the evidence when any individual sneezes, coughs, talks over, or touches the evidence. All individuals have DNA in their skin cells and in their body fluids. Care must be taken to prevent this DNA from mixing with the evidence DNA. In addition, transfer of DNA from one item of evidence to another (cross contamination) can occur. Proper handling of evidence will prevent these incidents from occurring.

##### A. Personal Protective Equipment

1. Gloves - Use disposable gloves during sample collection. Use caution when handling gloves to ensure the gloves do not come in contact with anything that could be transferred to the evidence. Check gloves periodically for contamination. Change them often. The wearer should not touch his/her bare skin (face, arms, etc.) with gloves.

2. Clothing - The use of disposable protective outer garments including facemask, gloves, and disposable lab coats are recommended. Check clothing frequently for contamination. If blood or other debris is observed, the person collecting the evidence should leave the scene and replace the contaminated garment.

B. Evidence Collection Supplies

1. Tweezers - Use disposable tweezers. Use new tweezers for each sample collected. If using non-disposable tweezers, clean tweezers with 10 percent bleach (made fresh daily) between each sample. Never use ribbed tipped tweezers.
2. Scalpels - Use disposable scalpels only. Use a new scalpel for each stain collected.
3. Swabs - Use sterile packaged swabs for the collection of stains. Do not touch the cotton end of the swab. If the stain is dry, moisten the swab tip with distilled water and then collect the sample. Air dry and package.
4. Water used for collection - Use distilled, de-ionized water if possible. Never insert swab directly into water container. Use a dropper device to place water onto swab. Blot the excess water out of the swab using dry sterile paper or another swab. This prevents dilution of the stain, enhances the recovery of DNA material, and allows the stain to dry more rapidly.

**Note: Do not use micro-bacterial culture swabs for the collection of any type of forensic evidence.**

C. Evidence Handling

1. Agencies are encouraged to swab items of evidence themselves for submission to the laboratory. (See Section III)
2. Avoid touching the area of the stain.
3. Air dry wet stains at room temperature before packaging. Do not try to hasten drying with heat or sunlight.
4. If a liquid sample must be collected, place it in a clean container, using clean utensils. Dry some of the liquid on a piece of sterile gauze and let air dry. The remaining liquid should be sealed and refrigerated as soon as possible. DO NOT FREEZE. Also, do not dilute the liquid sample with water, saline, or any other liquid.
5. Package each stain, swab, or item separately in an unused paper bag or envelope. Mark each bag with pertinent data such as case number, date, item number, initials/badge number, etc.
6. Seal the container with tape and place initials/badge number and other marks across the tape.
7. Store unused packages in a closed condition. Unused packages should never be stored near evidence.
8. Knives and other sharp objects - In order to prevent contamination and/or injury to the evidence handlers, it is necessary to secure the item in the packaging and/or cover any sharp item which may break through the packaging or slide through the seams of the box.
9. Storage of biological evidence - Dry wet evidence before packaging. DO NOT PACKAGE IN PLASTIC. Biological evidence that has been packaged and appears to be leaking through the evidence package (paper bag/envelope) must be placed in another package to prevent unwanted transfer of biological fluids and to protect any individuals coming in contact with the evidence. Seal and initial storage containers immediately after collection of the item.

10. Evidence transport - Biological evidence from one scene must not be transported into another scene.

#### IV. DNA ANALYSIS RESULTS

The laboratory will attempt to obtain a DNA profile from items submitted for analysis. This profile can be compared to DNA profiles from standards submitted with the case. Conclusions may be reached that either include or exclude individuals as potential contributors of the DNA from the evidence stain. When a probative inclusion is made, a numerical value for the frequency of occurrence is provided that conveys how often the autosomal DNA profile, or haplotype, would be expected to occur in the population. The ISP provides these values for Caucasian, African-American, and Hispanic populations. The most common frequency of occurrence is listed in the laboratory report.

There may be instances in which no DNA profile is developed, or the results of the analysis are determined to be inconclusive. In these circumstances, comparisons to standards are not possible.

#### V. COMBINED DNA INDEX SYSTEM (CODIS)

As appropriate, a DNA profile obtained from the evidence may be entered into the Federal Bureau of Identification's (FBI) Combined DNA Index System (CODIS), a DNA database that is administered in this state by the Illinois State Police. CODIS is a computer based, searchable database of DNA profiles developed from forensic casework samples and convicted offender samples. Eligible profiles are searched against local, state, and national databases, in accordance with the FBI CODIS standards. This system allows law enforcement agencies to link serial crimes together as well as identify possible suspects even if no prior suspects existed.

**Laboratory approval must be obtained by the law enforcement agency prior to any DNA testing being conducted by a private laboratory, if entry into the CODIS database is desired for the subsequent testing results. Failure to contact the laboratory prior to testing may result in the laboratory's inability to search any developed DNA profiles in the CODIS database.**

A CODIS "hit" or "association" occurs when a DNA profile entered into the system is a potential match to a DNA profile in the database. All associations are reviewed by a forensic scientist and all valid/non-excluded associations will be reported to the agency.

**Note: DNA profiles from most non-criminal cases cannot be entered into CODIS. Improper entry of DNA profiles can result in suspension of the Illinois State Police from participation in CODIS.**

Each law enforcement agency should call its local Illinois State Police laboratory for answers to any questions regarding biological evidence collection, submission, and testing.



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**ESH Appendix 2: GUIDELINES FOR THE COLLECTION/SUBMISSION OF DNA SAMPLES FROM  
DECEASED VICTIMS**

55 ILCS, Illinois Compiled Statutes Section 5/3-3013 and 20 ILCS 2630/9.5 require a coroner or medical examiner to collect DNA samples from deceased victims under specific circumstances. Details on these public acts can be found on the Illinois General Assembly web page.

The following guidelines should be used when determining what type of DNA sample to collect from deceased individuals and how to properly preserve the sample prior to submission to the local Illinois State Police (ISP) forensic science laboratory for analysis. Note that PA099-354 went into effect on January 1, 2016 which made changes to 55 ILCS 5/3-3013. As of January 1, 2016, the coroner or medical examiner shall release samples collected in conjunction with 55 ILCS 5/3-3013 to the police agency responsible for investigating the death. Then as soon as possible, but not later than 30 days after receipt from coroner or medical examiner, the police agency shall submit the specimen using the agency case number to a National DNA Index System (NDIS) participating laboratory with this state.

■ In order of ISP preference:

1. ■ Blood and buccal standards. ISP requests both types of samples, if available, for thoroughness. If information about possible blood transfusions is unknown, it is possible that the blood standard could produce a mixed DNA profile. As long as the inner cheek tissue appears pink/fresh, a buccal standard should also be collected as an additional standard in the event of a mixture or additional questions arise. If the cheek tissue is putrid, then only collect a blood standard. The blood standard should be collected on a filter paper blood card. Buccal samples should be collected on ordinary sterile cotton swabs. Both blood and buccal samples must be dried at room temperature and packaged in paper envelopes or swab boxes (do not use plastic). Prior to submission to the laboratory, these standards can be maintained at room temperature if collected and packaged as described above.
2. ■ If no blood or buccal standard is available, then collect a portion of the psoas muscle (if it is fresh in appearance). This type of sample should be packaged in a sterile cup (do not add liquid) and submitted frozen.
3. If the psoas muscle is not available, then collect a portion of another deep tissue muscle (if it still appears fresh). This type of sample should be packaged in a sterile cup (do not add liquid) and submitted frozen.
4. If no muscle remains, then collect approximately six (6) inches of rib bone. This type of sample should be packaged in a sterile container or plastic bag (do not add liquid to bone samples) and submitted frozen.
5. If no rib bone is available, then collect approximately six (6) inches of femur. This type of sample should be packaged in a sterile container or plastic bag (do not add liquid to bone samples) and submitted frozen.

Please feel free to contact the local ISP forensic science laboratory for more information or if there are any questions on collecting standards in a particular case.



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**ESH Appendix 3.      COLLECTION OF BIOLOGICAL STANDARDS**

Collection of standards should be handled as follows:

**BLOOD  
STANDARDS:**

Blood standards must be submitted as air-dried drops on a filter paper blotter card sealed in a paper container. Two to five dime-sized drops will normally constitute an adequate sample. Blood standards may be obtained via a finger prick; if blood is being drawn for other medical purposes, a clean dropper can be used to remove blood from a tube to make the drops. Standards should be submitted from all appropriate parties (i.e. victim and/or suspect). Elimination standards should be submitted when appropriate.

**BUCCAL SWAB  
STANDARDS:**

Buccal swab standards must be submitted as a swabbing of the inner cheek area of the inside of the mouth. THE BUCCAL SWAB STANDARDS MUST BE SEMEN-FREE. Two to four swabs constitute an adequate sample. The swabs must be air-dried and sealed in a paper container. Standards should be submitted from all appropriate parties (i.e. victim and/or suspect). Elimination standards should be submitted when appropriate.



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**ESH Appendix 4. SUBMISSION OF PHYSICAL EVIDENCE BY MAIL**

**INFORMATION REQUIRED BY THE LABORATORY:**

All cases sent/submitted by mail must be prelogged by the submitting agency at <https://limspl.isp.illinois.gov/BEAST/limsplprelog/login.aspx>. The submission sheet must be printed and included with the evidence.

**SHIPMENT**

It is important that all evidence be marked to the attention of the laboratory section that will be doing the analysis so that it will not be opened by other employees of the command. The package may be marked as follows: Chemistry (controlled substances, marijuana); Forensic Biology (blood, semen, cigarette butts); Micro/Trace (paint, fire debris, gunshot residue, hair and fibers); Latent Prints; Toxicology (blood alcohol, DUI drugs); Firearms and Toolmarks.

**■ All evidence which is shipped to the laboratory must be in a sealed package. Tape used to seal containers must be initialed (or otherwise identified) to document the person sealing the evidence. Initials/badge number must overlap the tape and the package. Individual containers within the package must also be sealed and the seal initialed.**

Registered mail, return receipt requested, should be used to submit all evidence. Unloaded firearms can be sent from a police agency to another police agency; however, no live ammunition may be sent through the U.S. Mail.

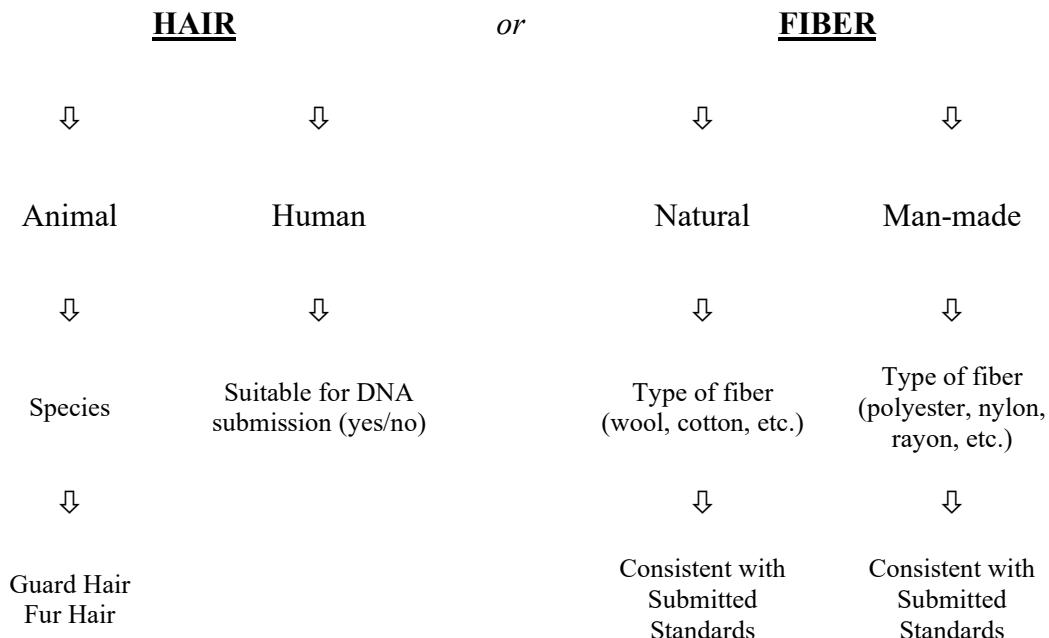


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**ESH Appendix 6                    HAIR AND FIBER EVIDENCE PROCEDURE**

In case of physical attack, hairs and fibers may be transferred between a suspect, a victim, or a scene. Microscopic examination of fibers may associate questioned evidence to a source fabric or material. For questioned hairs, microscopic examination may determine whether they are from humans or animals. Additionally, human hairs may be evaluated to determine if they are suitable for DNA submission.

With properly procured samples, the following determinations are usually possible:



**Hair Evidence:**

The microscopic root characteristics of human hairs may be evaluated to determine whether the hair may be suitable for submission to the DNA Section.

Fiber Evidence:

Trace evidence will be deferred for the analysis of fibers when standards are not submitted to the laboratory for comparison.

1. Suspected fibers should be sealed in a coin-type envelope or "druggist fold" paper packet and properly labeled. These fibers can be compared to the clothing, carpeting, etc. of each victim and each suspect and it may be determined whether they are the same type of fiber and whether they are similar or dissimilar in color.

2. Fiber Standards:

- A. The article of clothing, carpeting, etc. which is believed to be the source of the questioned fibers must be submitted.
- B. The item from which a questioned fiber is believed to have originated should be submitted as a whole, if possible. If not possible (i.e., carpets, furniture, etc.), a section of material should be cut from an area close to where the transfer is believed to have occurred.

Collection:

1. The collection of trace evidence is the integral first step in its analysis. The selection of a proper method to collect these materials is essential.
2. Taping or scraping and picking of an item are the recommended methods to collect hair and/or fiber evidence. These techniques allow the collection of probative materials from the upper or outer surface of an item (i.e., vehicle seat) instead of the copious amount of materials that may have been deposited over a period of time and have settled to lower levels, which would be collected in the vacuuming. Although vacuuming has occasionally been used in the past to collect these materials, it is not recognized by the Micro/Trace Section as a proper collection technique and should be avoided in the future.
3. Vacuuming collection of fine powders or metallic or plastic-type debris is acceptable when other methods are impractical; however, the vacuum collection of hairs and fibers is strongly discouraged.



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**ESH Appendix 8. COLLECTION AND PRESERVATION OF PAINT EVIDENCE**

1. Whenever possible, submit all paint transfers and a clean, unaffected portion of the surface to serve as a standard.
2. To collect a paint standard, use a clean scalpel or blade and remove the paint from areas as close as possible to, but not within, the point(s) of damage or transfer. Substantial variations in thickness and layer sequences over short distances can exist across a painted surface. If several areas are damaged, several known paint samples should be taken to properly represent all damaged areas. Use a different clean scalpel blade for each standard and package and label each one separately.
3. When removing paint from a painted surface such as an automobile, safe door, or door jamb, chip the paint off, taking all the layers. Scraping of paint may not provide valuable layer information.
4. Rather than removing thin paint smears, bring the entire item or suitable portion of the item to the laboratory.
5. When submitting clothing to be checked for paint, be sure the clothes are dry. Package in paper bags. Do not use plastic bags.
6. Use glass or metal containers for liquid paint samples. Do not use plastic containers, because solvents in paints react with the plastic.
7. Recommended containers for paint chips - small samples should be placed in a paper packet as follows:
  - a. Pre-mark a clean piece of paper (to eliminate the possibility of crushing paint chips). Place the paint samples on a clean piece of paper and carefully fold the paper so that the paint chips will not leak out. Seal the packet with tape.
  - b. The sealed paper packet should be placed into a paper envelope. This outer container should be sealed and properly marked.
8. Mark the sealed sample container as follows: case number, item number, date, collected by, and sample description.
9. When submitting evidence that involves automobiles, please include the following information:
  - a. Color, make, model, and year of all automobiles involved in the accident.
  - b. Location of all paint samples and the automobile from which they were obtained.
  - c. A general and brief description of the details surrounding the accident.
10. Be careful in packing small paint chips:
  - a. Do not put paint samples under tape. (The adhesive from the tape interferes with instrumental analysis.)
  - b. Do not put paint samples loose in envelopes because envelopes do not seal completely, and the samples may become lost. See 7. above.
  - c. Do not put small particles in cotton. It is difficult to remove the particles from cotton.
  - d. Do not put small paint particles directly in plastic bags or plastic containers. Particles should initially be placed in a paper packet as described in 7.a. and 7.b.



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**ESH Appendix 9. COLLECTION AND PRESERVATION OF FIRE DEBRIS EVIDENCE**

1. Collect the sample from near the origin of the fire.
2. Do not dry any evidence that is being submitted for fire debris analysis. Drying the evidence will cause the loss of any ignitable liquids on the sample.
3. If possible, submit clean, unburned standards of the debris. This is known as a comparison or exemplar sample.
4. The following containers are recommended for debris samples:
  - a. Metal friction top cans (paint cans) - clean, unused, lined or unlined, unoiled. Common sizes include 1/2-pint, pint, quart, gallon, or 5 gallons. If desired, an empty metal container from each purchased lot number can be submitted to the lab for testing to ensure cleanliness of the purchased cans.
  - b. Clean glass jars, bottles, or vials with tight fitting screw-cap lids with a Teflon lining. If Teflon is not available, cover opening with clean aluminum foil before closing tightly with screw-cap lid.
5. When putting debris into containers take the following into consideration:
  - a. Suit the container to the size of the sample. Use the smallest size possible.
  - b. Fill containers only 1/2 to 2/3 full.
  - c. All containers must be closed with a lid or cap before sealing it with one strip of evidence tape placed across the lid and initialed. All containers should bear identifying markings.
  - d. Keep upright and cool/refrigerated.
  - e. If possible, place the barcode sticker on the lower half of the container.
6. Paper bags and plastic bags are not acceptable packaging for fire debris evidence. These containers are permeable to hydrocarbon vapor and may result in the loss of evidence or contamination.
7. When glass bottles, jars, or vials are used, cushion them to prevent damage in transit.
8. Submit the evidence to the laboratory as soon as possible. Cans may rust and develop pin hole leaks, and if so, MUST be repackaged. On hot days, cans may vent due to pressure build up if left in a trunk for a prolonged period of time. To avoid possible microbial degradation, keep cool or refrigerate (recommended). Cans containing soil/dirt should be clearly noted on the evidence container and accompanying paperwork at the time of submission.
9. When liquid accelerants are encountered at a scene, submit only a small amount for testing purposes, a small vial will suffice. If charges of Unlawful Use of Weapon (UUW) are approved, submit approximately 12 milliliters of liquid to the laboratory to weigh for reporting purposes. This amount will suffice for the one quarter (1/4) ounce required by statute. Retain original container for possible submission to other laboratory sections (DNA, Latent Prints, etc.). Destroy liquid accelerants that will not be needed and document the destruction.
10. The following containers are recommended for liquid samples:
  - a. Small glass bottles or vials with screw cap lids with a Teflon lining (preferred method).
  - b. Small metal cans (if no water is present). Do NOT submit large amounts of liquid samples.
11. When submitting liquid samples from a manufacturer's container, include the name and manufacturer of the product.



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**ESH Appendix 10. COLLECTION AND PRESERVATION OF EXPLOSIVE DEBRIS EVIDENCE**

The Forensic Sciences Command (FSC) does not analyze explosives or explosive debris.

2. The Forensic Sciences Command does not disarm or dismantle live bombs.
3. If your agency has a live bomb or a large amount of undetonated explosives, contact one of the following bomb disposal squads:

■	ATF Explosives Group (Oak Brook Terrace) .....	630-268-0965
■	Chicago Police Department .....	312-746-7622
■	Cook County Sheriff's Police (Bomb Squad) .....	847-294-4733
■	Illinois Secretary of State Police (Springfield) .....	217-785-0309
■	University of Illinois Police (Champaign) .....	217-333-1216
■	DuPage County Sheriff .....	630-682-7256
■	FBI (Chicago) .....	312-421-6700
■	SIU Police Department. ....	618-453-2381
■	Winnebago County Sheriff .....	815-282-2600
		option 1

4. If a bomb squad is unavailable, contact one of the following regional federal offices for investigative support and information on their protocol for transferring explosive evidence for subsequent federal laboratory analysis:

**ATF OFFICES:**

■	Downers Grove .....	630-725-5220
■	Springfield .....	217-547-3650
■	Fairview Heights .....	618-632-9380

**ATF NATIONAL LABORATORY EXPLOSIVES SECTION:**

■	Rockville, MD .....	301-762-9800
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**FBI OFFICES:**

■	Chicago .....	312-421-6700
■	Springfield .....	217-522-9675
■	St. Louis, MO.....	314-589-2500

**FBI LABORATORY EXPLOSIVES SECTION:**

■	Washington D.C. .....	703-632-7626
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**ILLINOIS STATE POLICE  
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**ESH Appendix 12. FIREARM EVIDENCE**

**I. INTRODUCTION**

The following information is intended to assist the investigator in the recognition of firearms evidence, proper methods of collecting such evidence, and how it should be submitted to the laboratory; including the examinations that can be performed with that evidence.

**A. Types of firearm examinations:**

1. Determine if suspect firearm fired evidence bullet(s), cartridge case(s), or shotshells submitted.
2. Eliminate suspect firearm as firing specific bullet(s), cartridge case(s), or shotshells.
3. Examine the firearm's mechanical condition (operability and safety functions) to determine if the firearm is functioning properly or malfunctioning.
4. Check suspect firearm against computerized firearms databases.
5. Conduct a serial number restoration.
6. Examine possible silencers/sound suppressors.
7. Determine if the firearm fires in full automatic mode of fire or converted to a full automatic mode of fire.
8. Measure the overall and barrel length of the firearm.

**B. Types of bullet examinations:**

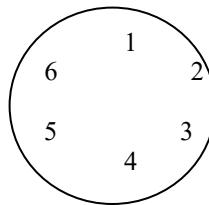
1. Determine caliber and type.
2. Determine what firearms could have fired each bullet or projectile utilizing the General Rifling Characteristics database.
3. Determine which bullet(s) were fired from the suspect firearm.
4. Determine if the bullet(s) were fired from the same unknown firearm.
5. Examine for marks or other trace evidence on bullet(s) that may indicate items with which it has come into contact.

- C. Types of cartridge case or shotgun shell examinations:
  - 1. Determine caliber/gauge and possible manufacturer.
  - 2. Determine what firearms could have fired each cartridge case or shotshell utilizing the General Rifling Characteristics database.
  - 3. Determine which cartridge case(s) or shotshell(s) were fired in the suspect firearm.
  - 4. Determine if all cartridge case(s) or shotshell(s) were fired in the same firearm.
  - 5. Check cartridge case(s) or shotshell(s) against NIBIN database.
- D. Shotshell wadding and shotshell pellet/slug examinations:
  - 1. Determine gauge of wadding.
  - 2. Determine size and type of shot/slug.
  - 3. Examine for the presence of toolmarks which could be compared to a firearm.
  - 4. Determine if the submitted wadding, pellets or slugs are consistent with components of recovered unfired shotshells.
- E. Types of unfired ammunition examinations:
  - 1. Determine caliber, type and possible manufacturer.
  - 2. Determine if the ammunition was chambered in a suspect firearm.
  - 3. Determine if the unfired ammunition submitted may be reloaded
  - 4. Used to test fire a submitted firearm.
- F. Victim's or suspect's clothing:
  - 1. Determine if suspected bullet hole is consistent with a contact/near contact shot.

## II. COLLECTION AND PRESERVATION OF FIREARM EVIDENCE

- A. If the firearm is to be examined concerning a malfunction, it is best not to alter it in any way. Package it in a box or tie down to a stiff object. If a firearm is being submitted to the laboratory in a loaded condition; indicate on the outside of the box/packaging that the firearm is loaded and document the muzzle direction. The firearm is to be hand carried to the laboratory and the laboratory should be advised at the time of submission that the firearm is loaded. All other firearms are to be unloaded before submission to the laboratory.
- B. If the officer unloads a firearm, the officer should carefully record the positions/locations of the cartridges removed when there are investigative reasons to document the weapon as received.
  - 1. Revolver
    - a. Mark both sides of cylinder at top strap before opening if the firearm is not being sent to the latent fingerprint section for processing.
    - b. Draw a cylinder diagram and indicate its direction of rotation. Numbering of each chamber may be helpful.

c. Open and unload the firearm using a diagram to record position and type of any live and/or discharged cartridges. Reference the sample below.



1. Fired
2. Fired
3. Live
4. Live
5. Live
6. Empty

d. Place each cartridge in an individual container, record chamber number, case number, then seal and initial container. (Mark only container and not the cartridge as this may result in damage to microscopic detail or loss of trace evidence.)

2. Semi-automatic firearms

- a. Remove the magazine and package it. If there are cartridges present, leave the cartridges in the magazine or remove the cartridges and place in a separate container/envelope that is labeled.
- b. Remove the cartridge from the chamber and place it in a container. Seal and mark it as above.

3. Rifles or shotguns

- a. If the magazine is not removable, empty the firearm in the same manner as it would be loaded. Do not run the cartridges through the action of the firearm.

C. If the firearm will be processed for latent fingerprints, handle the firearm only in areas that will not compromise latent print examination, such as the knurled grips or the edge of a trigger guard. Never place any marring object in the barrel. See ESH Appendix 1 for submission guidelines pertaining to DNA analysis.

D. Do not clean, fire, or work the action of the firearm.

E. Marking of any firearm:

1. Do not mark the firearm. Place appropriate identifying marks on a tag affixed to the trigger guard or add marks to packaging.
2. Be careful of all trace evidence when marking.
3. If the firearm is to be processed for latent prints or checked for blood, do not mark it. Place it carefully in a package and seal and mark the package.

F. Boxes are the most suitable packages, but bags or heavy envelopes may also be used in some cases. Never use plastic bags if a firearm is to be examined for latent prints, trace evidence or blood.

**III. COLLECTION AND PRESERVATION OF BULLET EVIDENCE**

- A. Collect all bullets and/or fragments. Only one may be identifiable or suitable for microscopic examination.
- B. Do not wash or clean. Handle as little as possible.
- C. Do not dig bullets out of walls with sharp instruments. Cut out a section surrounding the bullet and submit the whole object.
- D. If possible, advise the pathologist to use padded tweezers to remove bullets or fragments from the body. Bullets/fragments may be rinsed in a pan of water but should not be vigorously cleaned. Request that the body be fluoroscoped (x-rayed) to locate all bullets and/or fragments.
- E. Do not mark bullets or fragments. Package in individual containers, number, seal, and initial the containers.
- F. Use coin envelopes, small cardboard boxes, or something similar when packaging bullets. Do not use cotton or tissue packing around bullets as this material often adheres to the blood or other material on the surface of the bullet.

**IV. COLLECTION AND PRESERVATION OF SHOTGUN WADDING AND PELLET EVIDENCE**

- A. Photograph any visible patterns. Always use a scale or ruler.
- B. Recover as many pellets and/or wadding as possible. Be careful not to mutilate when removing.
- C. Do not mark or clean these items. Place them in a container, mark, seal, and initial the container.
- D. Use coin envelopes, small cardboard boxes, or something similar when packaging the evidence. Mark as above.

**V. COLLECTION AND PRESERVATION OF CARTRIDGE CASE AND SHOTGUN SHELL EVIDENCE**

- A. Collect all cartridge cases and shotshells.
- B. Do not wash or clean.
- C. Use coin envelopes, small cardboard boxes, or something similar when packaging the evidence. Mark as above.

**VI. COLLECTION AND PRESERVATION OF LIVE AMMUNITION**

Collect all unfired cartridges for use as standards. (This is very important in police involved shootings and enhances bullet/cartridge case comparison.)

**VII. COLLECTION AND PRESERVATION OF CLOTHING OR OTHER MATERIAL-TYPE EVIDENCE**

- A. Air dry all clothing if it is wet.
- B. Use a tag for marking clothing and attach away from any suspected bullet holes, possible powder, or blood.
- C. Protect areas surrounding suspected bullet holes by covering both sides with a sheet of white paper.

- D. Package each item of clothing separately in a paper bag.  
**NEVER USE PLASTIC!**
- E. Include a body diagram sheet with case submission information indicating the number and location of suspected bullet holes. Mark any entrance and exit wounds if known.
- F. Wounds or bullet holes other than in the clothing:
  1. Photograph the wounds before and after cleaning, include a scale or ruler.
  2. Request pathologist to examine the tissue for tattooing, charring, and/or burning of the tissue. If possible, a sample of particles causing the pattern around a bullet hole should be collected for examination to determine if it is gun powder.
- G. Only the outermost garments need to be submitted.

## **VIII. SUBMISSION OF EVIDENCE TO THE LABORATORY**

- A. Deliver all firearm evidence to the laboratory in person as soon as possible.
- B. If this is not practical, then it may be mailed via registered U.S. mail. (Postal regulations prohibit shipping of live ammunition and therefore those will have to be hand carried.)
  1. A firearm should be tied to a flat piece of cardboard and placed in a strong box. Punch holes in the cardboard, tie string around the end of the barrel, through the trigger guard and around the grips.
  2. Add packing material to cushion the contents if necessary.
- C. Never mail a loaded firearm.
- D. Weapons submitted for latent fingerprints, trace evidence, or Biology/DNA analysis should be secured in a box to prevent damage/jarring and hand carried to the laboratory.
- E. Laboratory staff must be informed when a firearm is submitted in a loaded condition.
- F. Firearms recovered from water should be submitted in a container with the firearm submerged in some of the same water. **DO NOT LET WEAPONS DRY!** Transport to the laboratory immediately.
- G. If the evidence contains biohazardous material, mark the packaging as such and inform laboratory staff.
- H. All items must be sealed, preferably with tamper-proof evidence tape. The sender's initials/badge number and the date should be placed on the package in a way that they go across one edge of the tape onto the package.

## IX. OTHER CONSIDERATIONS

- A. Comparison of fired cartridge cases removed from a revolver will be deferred.
- B. All cases classified as suicide, or apparent suicide, will not be accepted. Cases classified as death investigation will require clarification regarding case circumstances before analysis is conducted.
- C. Comparisons of fired evidence, including comparisons with NIBIN, in known adjudicated cases will be deferred.
- D. Firearm “function only” cases where the sole purpose is to determine if a firearm is functioning properly will not be accepted. Exceptions to this policy may be granted by a Laboratory Director on a case by case basis.
- E. In the absence of a firearm, comparison of toolmarks on fired cartridge cases which are not known to be “fired in” marks will be deferred, unless the toolmarks are being used to provide additional support for an identification using “fired in” marks. These toolmarks would include possible extractor, ejector, obturation, feeding, magazine, etc. Exceptions to this policy may be granted by a Laboratory Director on a case by case basis.
- F. The NIBIN database is a tool utilized to link fired evidence believed to have been involved in criminal activity. Test shots from Law Enforcement weapons will not be entered into NIBIN unless a specific request is made by the submitting agency.

## X. NATIONAL INTEGRATED BALLISTIC INFORMATION NETWORK (NIBIN) EVALUATION CASEWORK APPROACH

All evidence submitted for analysis by the Illinois State Police Forensic Sciences Command Firearms Section will be analyzed according to the Illinois State Police NIBIN Evaluation procedure.

- A. A preliminary assessment of submitted cartridge cases will be conducted and the cartridge cases will be grouped based on a possible number of firearms represented by the evidence.
- B. If suitable, a representative sample(s) of the group(s) will be entered into NIBIN and the correlation results will be reviewed. If the analyzing laboratory does not have NIBIN, a representative sample(s) of the group(s) will be sent to a NIBIN laboratory for entry.
- C. The entry of these cartridge cases into NIBIN will be expedited, which results in probative information being provided to the agency faster than when a full examination is conducted.
- D. A NIBIN Evaluation report will be generated notifying the submitting agency of the results.
- E. All bullet and other cartridge case examinations will be deferred.
- F. The NIBIN Evaluation Procedure will not be used on fired evidence cases that are submitted with a firearm unless approved by laboratory management.
- G. The NIBIN Evaluation Procedure will not be used on fired evidence cases classified as “Homicides” or “Death Investigations” unless approved by laboratory management.



**ILLINOIS STATE POLICE  
Division of Forensic Services  
Forensic Sciences Command**

**ESH Appendix 13. TOOLMARK AND PHYSICAL MATCH/FRACTURE MATCH EVIDENCE**

**I. INTRODUCTION**

Evidence of toolmarks can be found anywhere force has been used on an object, whether the intention was to gain entry, remove property, or cause malicious damage. It is often possible to link tools to the crime scene if the proper steps are taken by the investigator. The following guidelines are intended to assist in the collection, preservation, and submission of such evidence.

- A. Possible laboratory examinations include:
  - 1. If a suspect tool made a particular toolmark(s).
  - 2. If a suspect tool can be eliminated as having made a toolmark.

**II. COLLECTION AND PRESERVATION OF TOOLMARK EVIDENCE**

- A. Record location of all toolmarks and photograph them with a scale or ruler.
- B. Whenever possible, collect the actual item containing the toolmark.
- C. Toolmarks on large or immovable objects can be cast with silicone rubber, Mikrosil, or other suitable material and submitted for analysis.
- D. Package all items separately to prevent loss, cross contamination of trace material (such as bits of metal, paint, soil, glass, etc.) or damage to toolmark evidence.
  - 1. Casts should never be packaged with the tool in question.
  - 2. Always package all casts individually.
- E. Use sturdy containers, such as boxes or heavy manila envelopes for packaging toolmark evidence.
- F. Mark all containers with pertinent information such as case number, date, initials/badge number, etc. Seal with tamper-proof evidence tape and initial across it.
- G. Never use tape to directly cover or protect toolmarks. "Box over" or cover the mark(s) if the object itself is too large to package.
- H. Never clean a toolmark or cast of a toolmark. Submit it as is to the laboratory.

**III. COLLECTION AND PRESERVATION OF TOOLS**

- A. Package all tools as soon as possible to prevent loss of trace material, or damage to the surface needed for comparison.
- B. Package all tools separately in paper bags, manila envelopes, or wrap in butcher type paper.

- C. Large tools may be double bagged, i.e., a bag over one end and another bag over the other end and the bags then taped together. Seal the packages, preferably with tamper-proof evidence tape. The sealer's initials/badge number and the date should be placed on the package in a way that they go across one edge of the tape onto the package.
- D. Label the packages with all pertinent information such as case number, initials/badge number, date, etc.
- E. Never touch or fit a suspected tool to a toolmark. Loss of trace material and/or damage to the tool or toolmark may preclude future identification.
- F. Never use the suspected tool to remove a toolmark from the object that contains it.
- G. Never use tape to cover or protect the acting edge of a tool. Bag the end of the tool and tape the bag to the tool. The acting edge of the tool may need to be covered with cardboard or similar medium if the tool may puncture or split through the packaging.

#### IV.

#### **SUBMISSION OF TOOLMARK EVIDENCE**

##### ■

- A. Toolmark cases containing tools that cannot be associated with a suspect will not be accepted for toolmark analysis.
- B. Deliver toolmark evidence to the laboratory in person whenever possible. Such evidence can be mailed, but should be sent U.S. Registered Mail for purposes of maintaining proper chain of evidence.
- C. Provide the examiner with a copy of any pertinent photographs.
- D. Make sure packaging is sealed, preferably with tamper-proof evidence tape and secure so that items will not jar or come in contact with other items. The sealer's initials/badge number and the date should be placed on the package in a way that they go across one edge of the tape onto the package.
- E. Make special notes for laboratory personnel of any items to be fingerprinted.
- F. Check all packaging for proper labeling.
- G. Contact your local laboratory with any questions regarding toolmark evidence.

#### V.

#### **PHYSICAL MATCH/FRACTURE MATCH EVIDENCE**

- A. Physical match/fracture match between various broken or torn objects.

Broken, torn or fractured objects can be encountered in almost any type of crime. Any small pieces should be collected and packaged as outlined above, with special attention paid to protecting the edges of the fractured objects. A protective material surrounding the questioned surface such as bubble wrap or foam may be used. Do not apply tape directly to the area. If it is suspected that a tool was used and toolmarks may have been left on the object, or pieces of the object, toolmark analysis, which is a separate examination, may also be requested upon submission to the laboratory.

**FOR BROKEN GLASS:** See Command Directive ESH Appendix 11. Collection and Preservation of Glass Evidence, III. Physical Match/Fracture Match - Direction of Force.



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**ESH Appendix 14. FOOTWEAR AND TIRE TRACK EVIDENCE**

**I. INTRODUCTION**

Impression evidence, such as that left by footwear and/or automobile tires may be left at the crime scene. This evidence may be found in or on many different types of material, such as paper, cardboard, dirt, mud, dust, blood, etc. The following guidelines are intended to assist in the collection, preservation, and submission of such evidence to the crime laboratory.

- A. When evidence is handled properly, the following results may be determined:
  1. If a particular shoe, boot, or tire made a submitted impression or print.
  2. Similarities in tread pattern, shoe outsole design, pattern size and/or design in submitted evidence.
  3. If a particular shoe, boot, or tire did not make a submitted impression or print.

**II. COLLECTION AND PRESERVATION OF FOOTWEAR AND TIRE TRACK EVIDENCE**

- A. Record location and photograph each item to be used for evidence.
  1. Use oblique lighting and a proper photographic scale or ruler placed at the plane of the impression.
  2. The film plane should be parallel to the impression or print.
  3. Take at least four photographs with the light at a different direction, close to surface, for each shot.
- B. If whole and/or partial impressions are found on small items such as paper or cardboard, carefully package the entire item after taking proper photographs. Use a suitable container for each item so the impression will not be smudged or damaged.
- C. Impressions on large items should be "boxed over" for the reasons stated above.
- D. Impressions in soft material should be cast only after proper photographs have been taken. The investigator must be experienced in making plaster/dental stone casts before attempting to do so on any evidence.
  1. Be sure to reinforce all casts properly, use of wire or wire mesh is preferred.
  2. Mark date, case number, and initials/badge number on the cast before it is removed.
  3. Allow casts to air dry approximately 24 hours before packaging.
  4. Package in a strong cardboard or wooden box. Cushion well with a suitable packing material.
  5. Do not clean casts. Damage to the cast may cause loss of crucial identification detail.

### III. COLLECTION AND PRESERVATION OF FOOTWEAR OR TIRES

- A. Package immediately in separate containers to prevent loss or cross contamination of trace material. Tires may not need the same care as footwear, unless trace material is present. Use paper bags or cardboard for packaging. Do not use plastic bags. Tires may be wrapped in paper for submission to the laboratory.
- B. Submit all shoes, boots, or tires. Only submit the tire(s) with similar tread design as the evidence.
- C. Never make your own test marks/impressions with the shoes/boots that you submit for comparison. It is recommended that test marks are made of the tires while still on the vehicle. Consult your local laboratory for assistance in suggestions/options for obtaining the test marks that should be submitted with the tires.

### IV. SUBMISSION OF FOOTWEAR AND TIRE TRACK EVIDENCE

- A. Due to the fragile nature of footwear and tire track evidence, it should be hand carried to the laboratory. Although it can be mailed, extra care in its packaging is required. This Command recommends Registered U.S Mail only to ensure proper chain of custody. The laboratory should be contacted for specific instructions if there are any questions regarding evidence submission.
- B. Any photographs that will assist in the examination should be submitted digitally as evidence. When submitting digital images, refer to ESH Appendix 25 - Case Acceptance Policy for Submission of Impression Evidence Captured as Digital Images for Laboratory Analysis.
- C. Make sure all evidence is properly packaged to prevent damage in transit.
- D. Check all packages for proper seals and sufficient labeling. Seals should be comprised of a mechanical seal, such as staples or packaging tape, which closes all package openings securely as well as a good quality adhesive evidence tape. The initials/badge number of the individual sealing the package and the date the item was packaged are to be placed at all seals, crossing both the evidence tape and package. Sufficient labeling includes all information necessary to allow the evidence to be properly tracked (e.g. agency name, agency case number, agency exhibit number, offense, victim name, suspect name, item description).

Do not hesitate to contact the local ISP laboratory for assistance with any evidence problems or questions. A separate instruction document entitled The Collection and Preservation of Soil Evidence is also available.



**ILLINOIS STATE POLICE  
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**ESH Appendix 15. FIRED AMMUNITION REFERENCE COLLECTION**

**Purpose**

The Illinois State Police forensic science laboratory system has established both firearm and ammunition "reference collections" in each of its operational laboratory facilities to assist the law enforcement agencies of Illinois in the examination of shooting cases. Such reference libraries are utilized for various scientific purposes. These include:

1. A source of parts to enable test firing of broken or incomplete guns that are submitted as evidence.
2. For identification or comparison of factory markings, serial number stampings, cartridge head stamps and other ammunition components.
3. A source for comparison to damaged or malfunctioning firearm mechanisms.
4. Research projects conducted in the field of firearm and ammunition identification.
5. New and in-service training of forensic firearm examiners.

**Policy**

The Command's firearms reference collections are maintained under strict regulations and control. Firearms which are deemed unsuitable for scientific purposes are verifiably destroyed. The Illinois State Police Forensic Sciences Command assumes all responsibility for security, control, and destruction of these firearms. All firearms turned over for this purpose become the sole property of the Illinois State Police and will not be returned or released to a non-governmental agency.

720 ILCS Illinois Compiled Statutes Section 5/24-6 "Confiscation and Disposition of Weapons" states in part: "...when a confiscated weapon is no longer needed for evidentiary purposes... the court may, in its discretion, order the weapon to be transferred to the Department of State Police for use by the crime laboratory system."

765 ILCS Illinois Compiled Statutes Section 1030/2 under "Property Possessed by Law Enforcement Agencies" further states: "Weapons that have been confiscated as a result of having been abandoned or illegally possessed may be transferred to the Department of State Police for use by its crime laboratory system..."

**Procedure**

The Forensic Sciences Command is continually trying to upgrade as well as add to its firearms and ammunition reference collections. Any assistance provided in obtaining additional specimens, whether by transfer, court order or donation, is welcomed. Firearms and/or ammunition may be submitted to the Forensic Sciences Command laboratories listed on page 2.

Joliet Forensic Science Laboratory  
515 East Woodruff Road  
Joliet, Illinois 60432-1260  
(815) 740-3543

Metro-East Forensic Science Laboratory  
2220 West Main Street  
Belleville, Illinois 62226  
(618) 222-8400

Rockford Forensic Science Laboratory  
200 South Wyman, Suite 400  
Rockford, Illinois 61101-1230  
(815) 987-7419

Forensic Science Center at Chicago (FSC-C)  
1941 West Roosevelt Road  
Chicago, Illinois 60608-1248  
(312) 433-8000

Springfield Forensic Science Laboratory  
SCLF 4<sup>th</sup> Floor, 825 N. Rutledge  
Springfield, Illinois 62702-9611  
(217) 782-4975

Morton Forensic Science Laboratory  
1810 South Main  
Morton, Illinois 61550-2983  
(309) 284-6500

Please contact your regional laboratory prior to submitting weapons or ammunition. The ISP forensic science laboratories seek to have a reference collection of different types and brands of weapons.

Note: The Southern Illinois Forensic Science Centre closed as of June 1, 2014.



**ILLINOIS STATE POLICE  
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**ESH Appendix 16 SUBMISSION OF DRUGS AND CANNABIS EVIDENCE**

**PURPOSE**

The number of drug and cannabis cases which are being received by the command laboratories have made it necessary to formulate the following policy so that the laboratories will be able to expedite cases in a reasonably short time.

**POLICY**

1. Cannabis and drug evidence from all agencies will be signed in at the command laboratories only if a criminal arrest has been made or is anticipated. This will eliminate the following types of evidence:
  - A. Evidence obtained from concerned parents, schools, organizations, etc., in which an arrest will not be made.
  - B. Evidence found which has no prosecutable value.
  - C. Violations of local ordinances.
  - D. Cases where the charge would be possession of not more than 10 grams of cannabis, as they are a civil law violation per 720 ILCS 550/4 and not considered a criminal case.
2. The following guidelines will be followed for analysis of submitted evidence:
  - A. Not all items need to be analyzed.
    1. Unless information is provided to the contrary, the chemist need only identify the amount of controlled substance that would bring either a Class X felony or the highest penalty according to the appropriate statute.
      - a. If applicable, testing will be conducted on sufficient items to reach a Class X felony. The analysis of any remaining items required to reach the highest sentencing penalty beyond the first-Class X penalty will be deferred. The remaining items may be analyzed once the pertinent State's Attorney office determines the additional analysis is necessary.
    2. If initial testing indicates a substance that poses an extreme risk to laboratory or officer safety (e.g., carfentanil), no further sampling of the evidence will occur and the evidence will not be transferred to other sections. This may result in an exception to the highest penalty class policy.
    3. The outer packaging of evidence that is suspected to contain synthetic opiates will be clearly marked to facilitate proper handling.
    4. For all evidence submitted by the Illinois Department of Corrections, unless the case will be prosecuted criminally, only one item per subject (inmate) will initially be analyzed. All other items will be deferred. Further analysis will be performed for criminal charges, if necessary, at the request of the State's Attorney and with the approval of the Laboratory Director or designee.

- B. Evidence will not be screened for steroids unless there is reason to suspect their presence.
- C. Cases involving a Syringe - Due to inherent safety hazards, the syringe should NOT be submitted. Instead, the agency should remove the contents of the syringe, place the contents in an appropriate vial and submit as any drug evidence. The evidence description for submission must note that the item is "contents from a syringe".
- D. Blood, on its own, should not be submitted for analysis. A minuscule amount of blood from a syringe rinse is permissible. Assignments that are predominately blood should be submitted to the Toxicology section.

3. The following types of evidence will be analyzed only under certain circumstances:

- A. If they are the only evidence in a case and potential criminal charges will be pursued:
  - 1. Roach holders, pipes, cigarette butts and/or ashes from ash trays, cigarette paper and similar type items.
  - 2. Spoons and other miscellaneous drug paraphernalia.
  - 3. Confiscated evidence (e.g., drugstore burglary). One item constituting a felony will be analyzed.
  - 4. Factory sealed, tamper-proof, or sealed blister pack pharmaceutical items will only be analyzed if they are controlled and bring the highest penalty in the case. Exceptions will be made for fraud investigations.
- B. Actual Syringes - If an Agency determines a syringe is the priority evidence in the case, an actual syringe may be submitted only after consultation and approval of the local Laboratory Director or designee
- C. Non-controlled pharmaceuticals with identifiable markings only if there is a sign of tampering.
- D. Currency, only if a court order is issued stating reason that the analysis is pertinent to the investigation.

4. Suspected cannabis case acceptance policy

- A. Suspect cannabis submissions which meet the following criteria will be routinely accepted and analyzed according to the provisions of the Cannabis Control Act (720 ILCS 550) and Illinois State Police policies.

	Threshold	Examples	More info
Plant material (cannabis flower)	More than 30 grams	Dried plant material, hand rolled cigarettes, manufactured cigars, etc.	
Cannabis Concentrates	More than 5 grams	Vape cartridges, waxes, substances labeled as concentrate, etc.	More than 5 e-cig or vape cartridges

Cannabis Infused Products	N/A	Edibles, lotions, massage oils, topical treatments, etc.	All submissions must be accompanied by the information below.
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B. When a suspect cannabis submission falls under the thresholds listed in the chart above, additional information is required in order to submit the evidence for analysis.

1. The submission must be clearly identified as to the reason for analysis. This includes either:
  - a. Manufacture/delivery charges subject to the Cannabis Control Act (720 ILCS 550); or
  - b. The submission is subject to a limitation of the Cannabis Regulation and Taxation Act (410 ILCS 705/10-35), not limited to:
    - i. Possession or use of cannabis in a school bus, on school grounds, in a correctional facility, unsecured in a vehicle or in a residence used as a licensed day care or social service provider.
    - ii. Use of cannabis in a public place or in the presence of anyone under 21 years of age.
    - iii. Transferring or facilitating the use of cannabis contrary to the Cannabis Regulation and Tax Act.

2. Analysis of such submissions may be delayed while intent to prosecute is confirmed with the appropriate State's Attorney's Office.

C. Analysis of suspect cannabis will be subject to the following considerations:

1. Analysis will identify the substance as Cannabis or not, including the cannabinoid identified, if applicable.
2. Analysis will not identify a substance as Cannabis Flower, Cannabis Concentrate or as a Cannabis Infused Product, as it is outside the scope of analysis.
3. At this time, quantitative analysis for THC content is not available at Division of Forensic Services laboratories. Quantitation for possession of suspected Cannabis Infused Products will be deferred until such point as a technique is available.
5. Sealed labeled bottles of cutting agents (i.e., inositol, mannitol, etc.) will not be routinely analyzed.
6. E-cigarettes will NOT be accepted under any circumstances. Only the cartridges from the e-cigarettes will be accepted for analysis.
7. Field testing and preliminary weighing of submitted material will not be accomplished by the laboratory for agencies' indictment procedures. If the above information is needed for the indictment, it should be accomplished prior to submission to the laboratory. The actual field test kit should not be submitted as a part of the evidence. In addition, field testing residue assignments is highly discouraged.
8. A priority list for analysis is as follows:
  - A. Controlled buys not leading to an immediate arrest in which results are needed for future buys.
  - B. An established court date where an additional continuance cannot be obtained. At least one-week lead time is necessary for these cases.

- C. Controlled buys in which a defendant has been arrested.
- D. Possession cases not incidental to other charges.
- E. Possession cases incidental to another charge.
- F. Raids
- G. Miscellaneous cases not covered by the above.

9. Federal Case Acceptance Policy

- A. For a controlled substance case submitted to be worked to Federal sentencing weight limits, documentation must be provided to the laboratory which demonstrates the case has been accepted for Federal prosecution, not just submitted for Federal consideration.
- B. For a controlled substance case being submitted for quantitation to support Federal sentencing limits:
  - 1. Documentation must be provided to the laboratory, which demonstrates the case has been accepted for Federal prosecution, not just submitted for Federal consideration.
  - 2. The submitting agency will be advised by the lab at the time of submission that because the ISP offers quantitation through only one laboratory, the results of testing may be delayed. This will give the agency an opportunity to consider whether they want to submit the case to a federal lab instead.
- C. If laboratory personnel are informed a controlled substance case submitted by a state/local agency, which is in-progress of analysis will be charged in Federal court, the FSC will complete the needed analysis once documentation sufficient to show the case was accepted by the Federal court is provided.
- D. Any exceptions this Federal Case Acceptance Policy must be recommended by the Laboratory Director and approved by the Bureau Chief or Commander.

## PROCEDURE

Administrative procedures that pertain to the submission of drug and Cannabis evidence.

1. Submission of Multiple Suspect and Multiple Charge Cases. These would be as follows:

- A. Each independent charge on a suspect will be submitted as a separate assignment to the laboratory, unless the charges do not fall under the same Control Act. These Control Acts include the Controlled Substances Act, the Methamphetamine Control and Community Protection Act, the Cannabis Control Act, the Paraphernalia Control Act, the Kratom Control Act, and the Cannabis Regulation and Tax Act. The Forensic Science Center at Chicago, due to both its large volume of cases and number of analysts, is exempt from the necessity to subdivide related cases according to these criteria, so long as the analysis meets the user agencies' needs and minimizes the number of analysts needed for testimony on any given case.
- B. Suspects charged independently from one another are to be submitted as separate assignments to the laboratory.
- C. Buys made at different times, days, and/or locations will be submitted as separate assignments to the laboratory.

- D. Search warrants with multiple suspects will be submitted by how the suspects are charged. If charged individually, they will be submitted as separate assignments; if charged as a group, it will be submitted as one assignment.
- E. Probable causes will be submitted as a separate assignment to the laboratory.

2. Plants growing in containers must be removed by clipping at ground level prior to submission to the laboratory. Do not submit growing medium (e.g., dirt, sponges, etc.) or root systems. All wet plant material must be dried prior to submission to the laboratory. Remember that sealing wet material into a package can damage the integrity of the evidence and pose an unnecessary threat to the health of those that handle it.

- A. When charges will be pursued based on the number of plants present, agencies should submit a sample from each plant in a clearly labeled bag or envelope, and combine these packages into a larger, properly sealed package. In the event that complete plants must be submitted, they need to be separated from one another by interior packaging.
- B. When charges will be pursued based on the weight (whether plants or large bundles), only the amount of plant material needed to reach the Class X Felony or highest penalty should be submitted.

3. Proper Packaging and Submission Guidelines for Cannabis and drug evidence.

- A. All Cannabis and drugs will be submitted in a sealed and properly marked container which is sufficient in size to allow for repacking of evidence post-analysis.
- B. All sharps evidence, including but not limited to, mirrors and glass jars, should be packaged in puncture proof containers.
- C. Submit appropriate documentation containing a case synopsis including the following:
  1. Any information pertaining to the alleged identity of the items.
  2. Results of any field test performed by submitting agency.
- D. All evidence suspected to contain a highly potent substance (e.g., fentanyl, carfentanil, etc.) must be clearly marked on the outermost packing. These exhibits must be packaged in clear plastic so as to allow visibility of the contents. Double bagging, while unnecessary, is encouraged, but excessive packaging (e.g. more than double bagging) is discouraged.
- E. When possible, all items should be packaged in clear plastic bags to ensure the safety of the analysts.
- F. Items not pertinent to the analysis of drugs or Cannabis in the case should NOT be submitted. This includes, but is not limited to, purses or bags and their contents, socks, gloves, large containers, empty cans and bottles, shoes, etc.

4. Boxes and bags should be limited to a weight of approximately 25 pounds. Exceptions can be made on a case-by-case basis.

5. Zippers (e.g., on luggage or duffle bags) are not considered "seals". Drug evidence should be repackaged into an appropriate package which can be properly sealed (e.g., box, plastic bag).

6. Residues should not be submitted without prior approval of the laboratory director or designee. If approved, no more than five items should be submitted (although all may not be analyzed). Items with visible residue tend to have more probative value and are preferred. Field tests should **NOT** be performed on residue cases.

7. All evidence should be picked up by the submitting agency within 30 days after receipt of the laboratory report.
8. Unless directed by the laboratory director, evidence previously analyzed by another laboratory will not be analyzed by command laboratories. Evidence which has been completely analyzed and weighed will not be re-analyzed or re-weighed at a future date.
9. All agencies are requested to notify the laboratory of any cases that have been nolle processed or dismissed in which the analysis has not been completed.
10. Any inquiries made by an agency concerning a particular case must make reference to the Command laboratory case number. This number will be found on the white evidence receipt or evidence manifest given to the submitting agency prior to 12/03/18 (pre-LIMS); after that date, the number can be found electronically in LIMS Prelog.
11. No provisions are available for accepting evidence at times other than the normal working hours of the laboratory. The normal working hours are between 8:30 a.m. and 5:00 p.m., Monday through Friday, excluding all state holidays.
12. Agencies which are within proximity to multiple laboratories will be asked to utilize only one laboratory for all of their cases.

#### **Weighing of cannabis plants**

Until such time as the exemption of mature cannabis stalks (as set forth in the Illinois Compiled Statutes-Chapter 720 ILCS 550/3) is more clearly defined, it shall be the policy of the Forensic Sciences Command to report the total plant weight as cannabis in cases where whole plants are submitted to the laboratory for analysis.

#### **Drying of suspected cannabis plants**

It is the policy of the Forensic Sciences Command that laboratories will not be involved in drying of samples submitted for analysis.



**ILLINOIS STATE POLICE  
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**ESH Appendix 17. SUBMISSION OF TOXICOLOGY EVIDENCE**

**I. INTRODUCTION**

Forensic toxicology examinations are conducted to demonstrate the presence or absence of chemical substances in biological materials. Blood and urine samples are analyzed most frequently. However, vitreous humor (fluid in the eye) can provide information that may be important to a death investigation.

The following information is intended to assist investigators with proper methods of collecting, preserving, and submitting toxicology evidence. Standard DUI or biological specimen collection kits should be utilized whenever possible.

**II. LABORATORY STORAGE OF EVIDENCE**

The laboratory will attempt to test only one container of each specimen (i.e., blood and urine) for complete analysis. When possible, the second specimen container will not be tested and be available for reanalysis by another laboratory upon request. Evidence will be stored for a minimum of six (6) months and returned to the submitting agency unless directed to return sooner by the submitting agency or appropriate prosecuting authority.

**III. ALCOHOL ANALYSIS**

**A. DUI CASES**

1. **Blood Collection.** Whole blood is needed for alcohol analysis in DUI cases. A blood sample shall be collected in accordance with 20 Ill. Adm. Code 1286.320, to protect the admissibility of the evidence in DUI cases.
2. **Urine Collection.** Urine sample collection for alcohol testing is not preferred. However, a urine sample should be collected when possible for drug testing (see section IV.) in accordance with 20 Ill. Adm. Code 1286.330, to protect the admissibility of the evidence in DUI cases.

**B. NON-DUI CASES**

1. **Blood Collection.** Whole blood is the preferred sample for alcohol analysis. A blood sample should be collected in accordance with 20 Ill. Adm. Code 1286.320, to protect the admissibility of the evidence.
2. **Urine Collection.** Urine sample collection for alcohol testing is not preferred. However, a urine sample should be collected when possible for drug testing (see section IV.) in accordance with 20 Ill. Adm. Code 1286.330, to protect the admissibility of the evidence.

## IV. DRUG ANALYSIS

### A. DUI CASES

1. **Urine Collection.** Urine is the preferred sample for drug analysis unless cannabis use is suspected. A urine sample shall be collected in accordance with 20 Ill. Adm. Code 1286.330, to protect the admissibility of the evidence in DUI cases.
2. **Blood Collection.** A blood sample shall be collected in accordance with 20 Ill. Adm. Code 1286.320, to protect the admissibility of the evidence in DUI cases.

### B. NON-DUI CASES

1. **Urine Collection.** A urine sample should be collected in accordance with 20 Ill. Adm. Code 1286.330, to protect the admissibility of the evidence.
2. **Blood Collection.** A blood sample should be collected in accordance with 20 Ill. Adm. Code 1286.320, to protect the admissibility of the evidence.

**DUI** kits provide proper tubes and containers for sample collection. In general, a minimum of 30 mL of urine and a minimum of 10 mL of blood should be collected for complete analysis. A second sample of equal volume is desirable but not required in non-DUI cases.

## V. POSTMORTEM TOXICOLOGICAL EXAMINATIONS

At autopsy, biological specimens will be obtained according to the specific requirements of the investigation. If there are any questions about which samples to collect, a forensic toxicologist should be contacted.

### A. Specimens collection:

1. **Blood:** Blood is the most important specimen for determining the concentrations of drugs and volatiles present. Blood must be obtained, whenever possible, from intact vessels and/or from intact chambers of the heart. The blood source (e.g. heart, femoral, chest fluid) should be noted on the collection tube or container. Also, indicate any instance where embalming fluid or stomach contents may have contaminated the sample.
2. **Urine:** When possible, all of the urine should be submitted. It is the most important specimen for the identification of drugs and metabolites. A minimum sample would be 30 - 60 mL in tubes or bottles with no preservative or 1-2% sodium fluoride.
3. **Vitreous humor:** This specimen is useful for volatile analysis when there is evidence of decomposition or when blood and urine are not available. The preferred sample is the contents of both eyes in one container with no preservative.
4. Specimens should be collected in appropriate specimen containers such as those included in biological specimen kits.
5. **Each container should be appropriately labeled with:**
  - a. Identification of the contents.
  - b. The name of the victim from whom the specimen was taken.
  - c. The date and time of sample collection with the identity of the collector.

## VI. DRUG FACILITATED SEXUAL ASSAULT CASES

### A. Sample collection

1. Urine collection should be limited to cases where drug facilitation is suspected or unknown.
2. Urine evidence for Toxicology analysis is independent of the sexual assault kit and should be packaged separately from evidence being submitted for Bio/DNA analysis.
3. Only urine sample types will be analyzed for the presence of drugs and alcohol. Any blood submitted will not be analyzed.
4. A minimum of 30 mL of urine should be collected, when possible.
5. Samples should be tightly sealed and clearly labeled. Not all collection cups are suitable for external transfers.

## VII. SUBMISSION OF NON-BIOLOGICAL EVIDENCE

Any suspicious material (i.e., drugs, chemicals, or their containers) found on or near the suspect/victim should be collected and preserved. This other evidence should be considered for submission to other analytical sections as needed for the case investigation.

## ■ VIII. EVIDENCE SUBMISSION PROCEDURES

- A. All evidence must be submitted via the LIMS Prelog application. A LIMS Prelog generated submission receipt must accompany the evidence upon submission into the laboratory.
- B. All pertinent facts about the case should be included. The following facts are very important:
  1. List of medications or prescriptions available to the subject/victim.
  2. For postmortem cases, the clinical history, gross pathology, abnormal discolorations, significant odors, and circumstances of death.
  3. Any known or suspected contagious diseases.
  4. Drugs or chemicals suspected.
- C. Specimens must be tightly sealed in individual containers, clearly labeled, and packed to prevent leaks and spills.
  1. Standard DUI or biological specimen kits should be used whenever possible.
  2. Best practice recommendations with respect to specimen preservation suggest that samples are stored refrigerated prior to their submission to the laboratory. For additional information see ANSI/ASB Best Practice Recommendation 156.
- D. All toxicology evidence must be properly packaged and sealed upon submission. Evidence may be shipped or hand-delivered directly to an Illinois State Police Forensic Science Laboratory.

E. The identity and integrity of the sample must be maintained at all times.

## IX. LIMITATIONS

- A. Serum conversion to a whole blood equivalent concentration will only be performed for samples analyzed by the Forensic Sciences Command.
- B. The Forensic Sciences Command does not conduct serum conversion or back extrapolation on samples analyzed by another agency/hospital.
- C. Section 1286.320 of the Ill. Admin. Code delineates that blood samples shall be collected in grey top tubes. This is best accomplished using an approved toxicology DUI kit. Toxicology assignments for the analysis of blood samples collected in non-grey topped tubes will be cancelled after 25 days unless the following criteria are met:
  1. A blood sample collected in a grey top tube is unavailable or the volume is insufficient for analysis.
  2. Agency must provide "Permission to Consume" evidence when sample volumes are limited.
  3. ISP will not repeat volatile or drug tests previously conducted on a sample or set of samples collected simultaneously. Therefore, documentation detailing any previous testing of the evidence must be provided. For example, blood was tested for alcohol level and barbiturates. (NOTE: this is the tests performed and NOT the results of testing.)
  4. This documentation may be supplied by the hospital or a written record from the agency. ISP will complete any additional analyses not previously performed on the sample within the scope of our analytical testing.
- D. Sample types suitable for testing may be limited to whole blood and urine only for some analyses. If a sample type is submitted for which ISP is unable to do testing, this will be communicated to the agency and the sample will be returned.
- E. The volume of the sample provided may result in limitations to analyses.
  1. When sample is limited (e.g. less than 10 mL of blood or less than 30 mL of urine), the laboratory may contact the submitting officer and/or the assigned state's attorney following preliminary screening of the sample(s) for permission to consume the sample and/or any specific direction on what analyses to prioritize as directed in Command Directive EVH 32.
  2. Any direction received will be recorded in LIMS as a case correspondence.
  3. If contact is unable to be made, some analyses may be deferred. This will be reflected in the remarks included with the issued report.



**ILLINOIS STATE POLICE  
Division of Forensic Services  
Forensic Sciences Command**

**ESH Appendix 20. FABRIC IMPRESSION EVIDENCE**

**I. INTRODUCTION**

Fabric impressions may connect a suspect to a crime scene. Although not normally as conclusive as a fingerprint, a fabric impression may provide investigative information that, combined with other evidence, can be sufficient to aid in the successful prosecution of a criminal case. If recognized, properly collected, and submitted to the laboratory, such evidence will be helpful in investigations such as vehicle/pedestrian accidents, burglaries, or homicides.

**A. Types of Fabric Impressions Examinations:**

- 1. Determination on whether a fabric impression exists and is suitable for comparison with a suspect's or victim's clothing.
- 2. Determination if a fabric impression was made by a particular piece of fabric or material.
- 3. Determination if a fabric impression exhibits a similar pattern or weave to a particular piece of fabric or material.
- 4. Elimination of a piece of fabric or material as having made a particular fabric impression.

**II. COLLECTION AND PRESERVATION OF FABRIC IMPRESSION EVIDENCE**

- A.** Collect the actual item containing the fabric impression, if possible. If the impression is in a substrate that may be easily damaged, e.g., dust, it should be photographed first. Record the location of the evidence and photograph each item to be used for evidence.
  - 1. Use oblique lighting and a scale or ruler. Images submitted to the laboratory must have a scale included if they are to be of value in analysis.
  - 2. The camera image plane needs to be as close to parallel to the impression or print as possible.
  - 3. Take at least three photographs with the light at a different direction, close to surface for each shot.
- B.** Large items, like car bumpers or fenders may also be submitted, but special care must be taken to protect the areas containing fabric impressions.
- C.** If fabric impressions are in a perishable material like blood, packaging will have to be a non-airtight container, e.g., wrapping paper or paper bags.

- D. Impressions in soft material should be cast only after proper photographs have been taken. The investigator must be experienced in making plaster casts before attempting to do so on any evidence.
  - 1. Be sure to reinforce all casts properly. Use of wire or wire mesh is preferred.
  - 2. Mark date, case number, and initials/badge number on the cast before it is removed.
  - 3. Package the evidence in a strong cardboard or wooden box. Cushion the evidence well with a suitable packing material.
  - 4. Do not clean casts. Damage to the cast may cause loss of crucial identification detail.
- E. Mark each container with pertinent data such as case number, date, item number, initials/badge number, etc.
- F. Seal the container with tape, and write your initials/badge number across the tape.
- G. Handle fabric impression evidence as little as possible.
- H. Gel lifts or lifting tape may be used to collect impressions, however, take photographs first.
- I. Handle all fabric impressions with utmost care, due to the possible presence of minute fibers.

### **III. COLLECTION AND PRESERVATION OF CLOTHING**

- A. Package each article of clothing separately. Only the items of clothing that could have made the contact need be collected. Generally, these are the outer garments.
- B. If the clothing is wet or may be examined for other analysis, it should be packaged in paper bags or wrapping paper.
- C. Label each package with all pertinent data as to case number, item number, dates, initials/badge number, etc.
- D. Seal each package with tape and write your initials/badge number across the tape.

### **IV. SUBMISSION OF FABRIC IMPRESSION EVIDENCE**

- A. Deliver fabric impression evidence to the laboratory in person whenever possible. Such evidence can be mailed, but should be sent via U.S. Registered Mail to maintain proper chain of custody. Be sure to include a written request of the examinations to be performed.
- B. Provide the examiner with a copy of the case report and any pertinent photographs.
- C. Make sure all packaging is sealed and properly marked.
- D. Do not hesitate to contact your local laboratory with questions or for assistance.



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**ESH Appendix 21. LATENT PRINT DATABASE CASE SUBMISSION GUIDELINES FOR AGENCIES WITH LATENT PRINT EXAMINERS**

The database case submission guidelines outlined herein are primarily for law enforcement agencies that independently process crime scenes in their jurisdiction, perform latent print analysis and identifications of latent print evidence and provide expert testimony in a court of law. The objective is to provide law enforcement agencies, both within Illinois and from out-of-state, with an equitable means of requesting and receiving database services from the Illinois State Police (ISP) Forensic Sciences Command. The ISP Forensic Sciences Command can search two separate databases: ABIS (Automated Biometric Identification System) and NGI (the FBI's Next Generation Identification).

**CASE SELECTION GUIDELINES - ILLINOIS AGENCIES**

The case selection guidelines have been developed to maximize use of the agency and forensic laboratory resources, and to ensure that a high quality unsolved latent print database is established and maintained.

**I. ADMINISTRATIVE GUIDELINES**

Cases being considered for database processing will be required to meet the following guidelines before being accepted and processed in the database(s):

- A. All evidence submitted for database analysis and search must meet the general evidence submission requirements.
- B. New or Supplemental Submission: When the case is submitted, inform the lab if the case is a new submission or if other evidence has been submitted from this case on a previous date.
- C. Offense Type: All criminal cases will be considered for database processing.
- D. Case Status: Only unsolved (open) criminal cases that are prosecutable under the statute of limitation for the offense will be processed in the database(s).
- E. Suspect Known: Cases submitted that contain suspects will be considered for processing in the database(s) under the following conditions:
  1. Case is unsolved (open)
  2. Elimination prints were/are submitted
  3. Elimination and suspect comparison(s) have been made with no identification(s) being made.
  4. Reasonable belief that the unidentified latent prints are those of an unknown suspect.
- F. Elimination Prints: Elimination prints of all individuals having legitimate access to a crime scene from which latent print evidence was obtained must be submitted before a case will be considered for database processing. A State Identification (SID), Internal Record (IR), or FBI number may be submitted in lieu of inked standards. Requests from an agency for a waiver of this requirement will be directed to the Laboratory Director or designee. The Laboratory Director or designee will approve or disapprove the request on a case-by-case basis.

- G. Juvenile Cases: Cases wherein a child younger than ten years old perpetrated the offense, or the size of the latent print indicates that a young child less than 10 years of age deposited the latent prints will not be considered for database processing.
- H. Questionable Offenses: Cases wherein doubt exists on the part of the investigating agency that the offense actually occurred or was perpetrated by the victim will not be considered for database processing.

## II. TECHNICAL REQUIREMENTS

Not all latent print evidence can be database processed. In order to be considered for database processing, the case must contain at least one latent print impression that meets the following technical requirements; however, an examiner can use his/her discretion when evaluating the overall quality of the latent print to determine whether or not to search it in the database(s).

- A. Finger impressions should have at least 8 minutiae in a one-inch square area and a discernable orientation and core. Palm and joint impressions should have at least 12 minutiae in a one-inch square area and a discernable orientation.
- B. Examiners have the option to search five (5) database suitable latent prints per item, with a maximum of fifteen (15) prints per case and defer additional database analysis. The deferral will be documented in the examiner's work notes and on the report. In the event that additional prints need to be searched in the databases:
  1. The agency may be contacted to request additional elimination prints.
  2. A mutually agreed upon number of prints will be entered. The database suitable prints that are not searched will be deferred. The deferral will be documented in the work notes and on the report.

## III. CASE SUBMISSIONS AND DATABASE PROCESSING OF LATENT PRINTS

The laboratories will perform a database analysis, search, comparison and identification of only those latent prints that meet the database processing guidelines.

- A. Local Agency Submissions of Latent Prints: The local agency will submit to the laboratory only those latent prints that meet the technical requirements for a database search. Agencies with latent print examiners can specify particular latent prints for database processing by circling or marking a specific latent print within a group of latent prints that are present on a lift or photograph. All photographs of latent prints must be a 1:1 (or actual size) and must contain an inch or centimeter marker or scale. Latent prints may also be submitted digitally in accordance with Command Directive ESH Appendix 25.
- B. Database Analysis: The laboratory latent print examiner will perform a database analysis of the latent prints submitted by the local agency to determine if the latent prints meet the technical requirements for database processing. In cases wherein specific latent prints were circled and/or marked for database processing, only those latent prints will be analyzed for database processing.
- C. Elimination Print Comparisons: Only those latent prints to be searched in the database(s) will be compared by the laboratory latent print examiner to the inked impressions on the elimination print card(s).

D. Database Search Comparisons/Identifications: Comparisons and identifications will be performed with only those latent prints selected for processing in the database(s). No other case latent prints will be compared or identified by the laboratory latent print examiner.

## **DATABASE SEARCH RESULTS**

All of the latents prepared for a database will be searched and the system will generate candidate lists. The results of the searches are as follows:

### **I. IDENTIFICATION MADE**

A laboratory report will be prepared and provided to the agency. The report will contain the name and ID Number (SID, IR, FBI, etc.) of the subject identified. The report will also contain the latent prints identified from each specific item.

### **II. NO IDENTIFICATION**

Reports will be prepared and provided to the agency reflecting that the case was processed in the database(s) with negative results.

### **III. TEN-PRINT CARDS FOR DATABASE TESTIMONY**

Cases processed that result in identifications being made may require the agency to obtain a set of inked prints from the identified subject. Obtaining a current ten-print card from the identified subject may be of benefit to the agency and can be utilized for: confirming the identification, comparison with other case prints, and court litigation. The Bureau of Identification or Federal Bureau of Investigation (FBI) copy of the ten-print card may not be considered as the best evidence because the ten-print card may have been submitted by a different agency; the person that rolled the prints on the ten-print card is no longer employed by the agency or is unavailable to testify; or the defense attorney files a motion to suppress the copy of the ten-print card for any number of reasons. Database copies and live-scan cards do not provide chain of custody evidence and may exhibit computer image stitching errors.

### **IV. DATABASE CASE DISPOSITION**

The forensic laboratory will automatically delete the agency case from the database system(s) if all database suitable latent prints are identified. If no identifications are made, or if one or more latents are not identified, the unidentified registered case latent prints will remain in the database system(s) until the statute of limitation expires or the agency requests that the case be deleted from the database(s), whichever occurs first. The agency is responsible for notifying the forensic laboratory when database cases are cleared and the continued processing of the case in the database is no longer necessary.

### **V. DISPOSITION OF DOCUMENTS**

The case evidence and related documents received from local agencies for database processing will be returned to the agency after the case has been processed in the database(s). Database documents will be maintained by the laboratory. No database documents will be provided or released to the agency. Agencies desiring a copy of the ten-print card will make a request directly to the target database in which the identification was made.

### **VI. DATABASE COURT TESTIMONY**

The forensic laboratories will provide database processing and identification testimony in litigation proceedings upon receipt of a subpoena.

**OUT-OF-STATE AND FEDERAL AGENCY DATABASE CASE SUBMISSION GUIDELINES**

Requests for database services received from out-of-state and federal agencies will be directed to the Statewide ABIS/NGI Latent Prints Coordinator. The case selection guidelines for out-of-state and federal agencies must meet the same requirements as those for in-state agencies. At the out-of-state agency's request, unidentified latent impression(s) will be registered in the database system(s) following ISP database policies.



**ILLINOIS STATE POLICE  
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**ESH Appendix 22. SUBMISSION OF EVIDENCE FOR LATENT PRINT EXAMINATION**

The information contained within this document addresses guidelines concerning the handling, packaging and examination of evidence submitted for latent print analysis to the Illinois State Police (ISP) Forensic Sciences Command (FSC) laboratories. Clarifications regarding any of this material or questions related to situations not described should be directed to the Latent Print Section of the laboratory to which the agency submits its evidence.

**I. SCOPE**

Latent print examination consists of three separate functions. The first is the processing of evidence to determine if any latent prints that may be on the item can be visualized. The second function is the analysis of visualized latent prints to determine if the ridge detail is sufficient for comparison. The third function is the comparison of suitable latent prints to inked finger and/or palm print standards to determine the identity of the individual that touched the item. Submissions to the laboratory can be items which require all functions to be performed, or the results of agency examination in the form of latent print lifts or photographs that require analysis and comparison to known standards. Requests for analysis and comparison may or may not involve Automated Biometric Identification System (ABIS) and the FBI's Next Generation Identification (NGI) processing.

**II. ITEMS FOR LATENT PRINT PROCESSING**

Latent prints are generally deposits of palmar sweat, body oils or various contaminants that are normally present on an individual's hands and feet that may transfer to an item when touched. When contact occurs, an impression of the friction ridge skin detail may be deposited. Numerous factors, such as the amount of materials on the skin surface, the force of the contact, environmental conditions and the particular characteristics of the item touched, will determine how effective the transfer may be.

**A. Effective Surfaces for Latent Print Examination**

Many different surfaces can be examined for the presence of latent print deposits. Generally smooth, clean surfaces return better results than surfaces that are rough, textured, dirty, coated, woven or corroded (as these cannot be effectively examined). Examples of surfaces which can be effectively examined include glass, smooth metals, plastics, smooth wood (either finished or unfinished), papers, cardboard, painted or glazed items and tapes including adhesive surfaces. In addition, any item which contains a visible or observable latent impression may be effectively examined using special development procedures or photography. Examples of items that generally produce poor results include unglazed brick or clay, concrete, cloth rope, string, rusted or pitted metal, or any type of surface coated with grease or oil unless these items contain visible impressions in substance such as blood, paint, or other observable contaminants.

**B. Environmental Conditions**

Latent print deposits on any receptive surface are subject to environmental damage. Heat, direct exposure to sunlight, wind, abrasion and moisture can remove deposits. While certain procedures may be effective for specific environmental damage, prolonged exposure to adverse conditions can destroy latent print deposits.

### III. EVIDENCE HANDLING AND PACKAGING

Proper handling and packaging of items for latent print examination are determined by certain characteristics of the item. Generally, surfaces can be divided into two categories, those which are non-porous (i.e. moisture is not readily absorbed by the item) or those that are porous or absorbent. Since latent print deposits react differently according to the type of surface, each category has specific requirements for proper handling. Regardless of surface type, no item should be handled excessively or without the use of gloves.

#### A. Handling and Packaging of Non-porous Items

Non-porous items, which include glass, metal, plastics, finished or sealed wood and glazed or painted surfaces, require the greatest care in handling and packaging. Latent print deposits on non-porous surfaces are extremely fragile and are subject to the greatest potential for destruction. Contact with any abrasive or absorbent material can alter or remove the deposit. Handling such items, even with gloved hands, can destroy some deposits. Care must be exercised to minimize handling and to confine contact, whenever possible, to surface areas that were least likely touched by the suspect.

When packaging non-porous items, care must be exercised to avoid excessive surface contact of the item with the packaging being used and to minimize movement of the item within the packaging. Cardboard boxes provide the best protection when combined with the use of string, wire, or zip-ties to secure items against movement within the container.

#### B. Handling and Packaging of Porous Items

Porous items, which include paper, cardboard, and unfinished wood, absorb the deposited latent print. Unless treated or sealed, paper items absorb latent print residue quickly while cardboard and unfinished wood do so more slowly. Once the surface has absorbed the deposit, it cannot be removed by abrasion and may be handled with gloved hands. However, excessive handling should still be avoided as some glove materials do not totally prevent perspiration on the wearer's skin from penetrating through the gloves. Gloves may also pick up other contaminants that can obliterate a latent print deposit. Porous items may be packaged in any material.

#### C. Special Handling and Packaging Requirements

Specialized techniques have been developed to improve latent print visualization of specific deposits, such as blood; of specific surfaces, such as tapes; and for specific environmental conditions, such as wet or subsequently wetted surfaces. Each situation requires special handling and packaging procedures.

##### 1. Latent Impression in Blood

Latent prints in blood, or surfaces suspected of being touched by persons known to have once been contaminated with blood on the hands or feet, can be effectively processed. Impressions in liquid blood should be allowed to dry before packaging. Dried blood impressions should be packaged in paper or cardboard containers.

##### 2. Tapes or Sticky Surfaces

Tape adhesives or surfaces coated with sticky or tacky substances can be processed with procedures which stain entrapped skin cells. Such items must be protected from any further contact with anything that might damage the sticky surface. Handling and packaging of such materials is difficult.

Cardboard boxes provide the easiest method of packaging for tapes or sticky surfaces. Care should be exercised with tapes to prevent exposed adhesive sides from joining with each other. Sticky surfaces may be secured with string, wire, or pins. If boxes are not available, tapes or

sticky surfaces should be packaged in plastic bags. Paper containers should be avoided. Adhesives that come into contact with paper are difficult to remove without the transfer of paper fibers or loss of adhesive that can obliterate possible latent impressions.

### 3. Wet or Wetted Items

Porous items which are suspected to have been wet since being touched can be effectively processed. Such items should be handled and packaged the same as any porous item and noted as having been wetted. Wetted paper items should be dried prior to submission.

Non-porous items that were wet when touched and since dried should be handled and packaged the same as any non-porous surface. Notation of the condition should be marked. Items that are wet at the time of recovery should be kept wet, preferably in the water in which they were found. Items found in water may be recovered using zip lock plastic bags that are large enough to hold the item and enough water to keep the item submerged. Items in water should be stored at low temperatures (not freezing) until submitted to the laboratory.

## IV. SELECTION OF ITEMS FOR SUBMISSION

Items submitted to the laboratory for latent print processing should be restricted to articles with which relevancy to the crime can be established and will be meaningful in the successful prosecution of the crime. Although these factors must be considered in all instances, they are especially important when selecting items from public areas or items which are recovered away from the crime scene.

There is no scientific method of determining the age of a latent print by examination. So called "fresh" latent prints cannot be proven, and latent print deposits on both porous and non-porous items can remain for considerable time, even under apparent adverse conditions. Items to which the suspect had legitimate access are rarely admitted as relevant unless there is proper demonstration that the items were thoroughly cleaned since the last possible legitimate contact. Examination of items legitimately accessible to the suspect, such as in domestic violence, homicides, rapes, etc., are generally not useful in the successful prosecution of the crime. Exceptions may occur, such as when latent prints in blood are found on these items, but such deposits are rare.

## V. SUBMISSION OF LIFTS OR PHOTOGRAPHS

Many items are examined at the scenes of crime by the requesting agency, and lifts or photographs of developed latent prints are submitted for comparison. The size of any visible latent impression is not an accurate indication of comparison suitability. A latent print is analyzed according to the quantity and clarity of detail within the impression. Large areas may contain little or no detail required for an identification while smaller impressions may reveal abundant detail. Evaluation of any latent impression should not be conducted by untrained personnel.

### A. Lifts

1. Powders: The use of fingerprint processing powders is effective on nonporous items either as the sole visualization agent or after an item has been processed with cyanoacrylate ester fuming (super glue). Contrast with the surface is a determining factor when selecting a type of powder. However,
  - a. Black powders work extremely well and are preferred for most surfaces.
  - b. Silver powders or special bi-chromatic powders are acceptable substitutes when conditions require a lighter powder.
  - c. Types of powders that should be avoided:
    1. White powders do not adhere well to latent print deposits and will fade into the adhesives of the lifting devices. Use of white powder is strongly discouraged.
    2. Fluorescent powders are designed to be photographed rather than lifted. If fluorescent powder is used, the laboratory must be informed of the wavelength

necessary to view the fluorescence. Use of fluorescent powders is strongly discouraged.

2. Lifting media: Various lifting devices are available, but clear or frosted fingerprint lifting tapes are recommended. Hinge lifters, either transparent or with opaque backings, offer no real advantage in latent print recovery and may increase the difficulty in comparisons and the proper marking of the lifts. Tape lifts of latent prints can be mounted on commercially available lift backings. Bi-chromatic powders should be lifted and affixed to a white backing. Gel lifts should only be used when absolutely necessary (broken glass or other fragile material). If a gel lift is used, the cover sheet should be used to protect the adhesive layer from contamination.
3. Because some surfaces are difficult to lift from, it is strongly encouraged that the latent prints are photographed before lifting.

#### **B. Photographs**

The ISP forensic science laboratories can support digital images for analysis if the technical requirements listed in Command Directive ESH Appendix 25 are met.

### **VI. SUBMISSION OF PREVIOUSLY PROCESSED EVIDENCE**

Agencies which attempt some form of evidence processing on an item prior to submission should follow certain guidelines in the selection of processing techniques.

#### **A. Non-porous Items:**

1. The use of cyanoacrylate ester fuming (super glue) on non-porous items may assist in the protection of latent impressions against accidental damage or destruction.
2. Care should be taken in selecting a brand of cyanoacrylate for use. Contact your local laboratory for advice or questions.
3. Prolonged exposure to cyanoacrylate fumes can excessively coat surfaces and prevent latent print visualization.
4. Items that contain impressions in blood or that have been wet should not be fumed.
5. It should be noted that impressions observable under the controlled lighting conditions of the laboratory may not be visible at the scene. Cyanoacrylate fuming or powdering may destroy impressions that could have been observed visually under laboratory conditions.

#### **B. Porous Items:**

1. Porous items are most effectively processed with chemical procedures. Many of these methods require proper sequential application using reagents of specific formulations. The use of chemical processing should be attempted only by those individuals who have been properly trained in their use.
2. Powders should never be used on porous items. While it is possible to visualize certain latent print deposits with powder on paper, cardboard, and unfinished wood, other latent impressions will not be visualized. Powder cannot be removed from paper fibers and some wood grains and can prevent effective subsequent chemical processing.

## VII. MARKING OF EVIDENCE

Markings on items submitted for latent print processing should be confined to packaging containers. Items should not be marked directly. Large items which cannot be packaged can be marked with the use of tags.

Lifts or photographs must contain identifying marks that relate to the item or surface from which the latent print was obtained.

## VIII. DATABASE (FORMERLY AFIS) PROCESSING

The ISP Forensic Sciences Command provides database searching services with the ABIS and NGI. These database services provide an investigating agency the potential for determining the identity of a person who left database suitable latent fingerprints, palmprints, and joints at a crime scene when the suspected offender is unknown.

### A. Latent impressions searched in the database(s) will:

1. Be compared to the vast database of fingerprint and palmprint cards on file at the Bureau of Identification and the Federal Bureau of Investigation (FBI).
2. Be compared to all latent impressions in the ABIS unsolved latent print database to determine if database suitable latent prints left at two or more crime scenes were made by the same person.
3. Be compared daily to new incoming print cards submitted to the Bureau of Identification and the FBI until the statute of limitations for the associated offense runs out. (This function will be performed automatically if the initial database(s) search(es) did not reveal an identification and the latent print has been registered in the ABIS unsolved latent print database and/or the FBI's unsolved latent file.)

### B. Agency guidelines for submitting cases for database processing:

1. All criminal cases can be searched in the databases.
2. Latent fingerprints, palmprints, and joints can be searched in the databases.
3. Under normal circumstances, elimination prints of all individuals having legitimate access to a crime scene or item must be submitted for comparison before a latent print will be searched in a database. However, certain circumstances surrounding a crime may provide reasonable certainty that latent prints in a case were made by the offender. In these instances, the latent print examiner may search the latent prints in the databases.

## IX. FINGERPRINT AND PALMPrint STANDARDS

Complete and accurate comparisons of developed latent prints are dependent upon proper print standards. Inked fingerprints, and/or palm prints are preferred for complete comparisons. Photographic copies of inked prints are acceptable substitutes, but photocopies from office copiers are discouraged. Photocopiers do not duplicate all detail that is present in original fingerprint recordings and can create misrepresentation of actual detail. Print-outs of live-scan cards are acceptable if the printer has enough resolution to provide a legible product. Submission of a digital copy of the live-scan card is encouraged.

Cases submitted for database processing require elimination standards for two reasons. The first is to reduce the time required to prepare, search, and compare candidates to only those impressions that might be probative. Many latent prints recovered from items at residences, businesses, automobiles, and public areas are made by individuals who have legitimate access to the items or areas and who often do not have standards in a database. Elimination standards allow for the disposition of those impressions so that they do not remain open. The second reason is to minimize the impact on the unsolved latent print databases by eliminating as many non-probative impressions as possible. The more impressions on file, the more cumbersome the database can become.

For all case submissions, fingerprint and palm print standards of suspects, victims, employees and/or any other individuals who were known to touch the items for examination should be submitted with the evidence. Elimination prints must be submitted for latent prints in a case to be entered into a database as outlined above in VIII.B.3. A State Identification (SID), Internal Record (IR), or FBI number may be submitted in lieu of inked standards. If an identification is affected, inked standards may be requested for confirmatory purposes.

## **X. FINDINGS AND CONCLUSIONS**

### **A. Identification of a Latent Print**

The identification of a latent print is evidence of contact between the individual and the item at some point in time. Any impressions found on an item are analyzed to determine whether or not the impression is suitable for comparison. Suitable for comparison means sufficient detail is available for comparing the latent print to known standards, and an identification may be able to be made to the latent print.

### **B. Examination of Latent Prints Can Result in One of Five Possible Conclusions:**

1. The latent print is not suitable for comparison.
2. The latent print was made by the person whose prints appear on the standard (identification).
3. The latent print was not made by the person whose prints appear on the standard (exclusion/no identification).
4. The comparison is inconclusive due to insufficient standards. Inconclusive comparison results require the submission of additional standards before a conclusion of identity or exclusion may be made.
5. The comparison is inconclusive because the latent impression was suitable for comparison but not suitable for identification.

## **XI. CASE EXAMINATION PHILOSOPHY**

### **A. General**

The goal of the Illinois State Police Forensic Sciences Command is to provide user agencies with accurate, thorough, and timely latent print examinations. In order to meet this goal, the judicious and economical utilization of command resources is encouraged. When confined to relevant items that are meaningful to the successful prosecution of the case, latent print evidence is very effective. Latent print examinations of irrelevant or immaterial items are a waste of resources. Depending upon the nature and circumstances of the crime, this examination philosophy may require close communication and cooperation with the investigating agency. If necessary, the submitting agency can request that supplemental examinations be made on any evidence that was not examined.

Practical examples of this case examination philosophy may include:

1. Not examining submitted items that are determined to be irrelevant to the case.
2. Restricting the processing techniques used on an item due to the nature and/or condition of the surface of the item, or the relevancy of the item to the offense.
3. Stopping additional examinations in the case when at least one meaningful identification from at least one relevant item of evidence has been made in the case. If an examiner has identified at least one suspect, he or she may defer further examination. The agency must be notified of the deferral in case additional examination is needed.

4. In cases that are submitted solely for database processing, limiting evaluations and comparisons of latent prints to only those latent prints that can be searched in the databases.
5. Searching only 5 database suitable latent prints in the database(s) per item, with a maximum of 15 database suitable latent prints per case and deferring additional database analysis. The deferral will be documented in the examiner's work notes and on the report.

Reports issued for a case will reflect the evidence that was examined. If necessary, the submitting agency can request that supplemental examinations be made on the evidence that was not examined.

## **B. Latent Print Examination of Drug Offense Cases**

With drug-related offenses, the most serious crimes involve possession, sale, and transportation of large amounts of drugs. To best utilize the latent print resources of the ISP Forensic Sciences Command, the following policy regarding latent print examination of drug packaging in such cases has been established:

1. The latent print processing of packaging in cannabis cases will be limited to cases containing amounts of cannabis greater than or equal to 30 grams. Additionally, for weights of 30-500 grams, the case must be charged as a felony.
2. Latent print processing will only be conducted on drug packaging after drug chemistry analysis is complete and only if controlled substances or cannabis have been identified. Cannabis cases must meet specifications in XI.B.1 above.
3. Any drug packaging accepted for latent print processing must be larger than a United States postage stamp. Knots and/or ties will not be undone to meet the size requirement, nor will they be processed for latent prints.
4. The amount of evidence analyzed will be limited to five (5) pieces of evidence per case. Upon approval of the Laboratory Director, or designee, subsequent submissions may be accepted in the same case if the additional submissions are probative and have a high probability of yielding latent impressions. The amount of additional evidence may also be limited.
5. Latent print processing of drug packaging will be limited to the outermost layer of the packaging.
6. Exceptions to this policy may be considered on a case by case basis and must have approval of the Laboratory Director (or designee).



**ILLINOIS STATE POLICE  
Division of Forensic Services  
Forensic Sciences Command**

**ESH Appendix 24. DISTRIBUTION OF DEA-PROVIDED DRUG SAMPLES FOR  
CANINE DRUG**

**TRAINING/CERTIFICATION**

The Illinois State Police, Forensic Sciences Command (FSC) no longer coordinates, packages, distributes or records canine drug training standards and/or requests for these standards from local law enforcement agencies in the state. Each law enforcement agency should directly contact the Drug Enforcement Agency (DEA) North Central Laboratory at the following address:

DEA North Central Laboratory  
536 South Clark Street  
Chicago, IL 60605  
Telephone Number: 312-353-3640

Requests to the DEA should be submitted on the DEA Form 222, along with a copy of the submitting agency's state and federal drug licenses. Requests can be made anytime throughout the year.

The FSC Training and Applications Laboratory may assist the Illinois State Police K-9 Training Unit in weighing and packaging drug standards once the drug standards have been received from the DEA North Central Laboratory. Requests for this type of assistance should be submitted two weeks in advance; so that the laboratory can assess if staffing, equipment, and packaging supplies are available and adequate for the scope of the request. Please address any additional questions involving K-9 drug standards to: Toxicology Training Coordinator, Training and Applications Laboratory, 2060 Hill Meadows Drive, Suite 2, Springfield, Illinois 62702, Telephone Number 217-557-2399.



**ILLINOIS STATE POLICE  
Division of Forensic Services  
Forensic Sciences Command**

**ESH Appendix 25. CASE ACCEPTANCE POLICY FOR THE SUBMISSION OF IMPRESSION EVIDENCE CAPTURED AS DIGITAL IMAGES FOR LABORATORY ANALYSIS**

**Policy**

The Illinois State Police (ISP) Forensic Sciences Command accepts digital images as evidence for pattern analysis. The following technical requirements should be met when submitting digital images for laboratory analysis.

1. The original or unaltered copy of the original image must be submitted.
2. The image must be in an uncompressed TIFF or Bitmap (BMP) file format. If compressed file formats such as JPEG must be submitted, note that these files may be of limited comparison value.
  - Raw files are acceptable; however, these files can be vendor-specific. Agencies are advised to consult with the laboratory prior to submission.
3. The image must contain a scale or measuring device.
4. The minimum resolution for Latent Print examination is 1000 pixels per inch. For Footwear/Tire Track analysis, a minimum of 1000 pixels per inch is preferred. Due to imaging limitations based on the physical size of Footwear/Tire Track impressions, the minimum resolution is 300 pixels per inch.
  - If lower resolution images must be submitted, note that these images may be of limited comparison value.
5. The image must be in 8 bit gray scale (256 shades of gray), or 24 bit color.
6. No application of enhancement or restoration tools can have been applied.
7. If a working image is submitted to supplement the original image, any history information must accompany the working image.
8. Submit images on a compact disk (CD) or digital versatile disc (DVD). Rewriteable media should not be used.

The Standards of this acceptance policy are reviewed and revised periodically. It is best to check with your laboratory prior to submitting a digital image for analysis.



**ILLINOIS STATE POLICE  
Division of Forensic Services  
Forensic Sciences Command**

**ESH Appendix 26. COLLECTION AND PRESERVATION OF PRIMER GUNSHOT RESIDUE EVIDENCE**

**Overview**

1. The submission criteria discussed below are intended to address the vast majority of Primer Gunshot Residue (PGSR) evidence submissions. However, specific case circumstances may influence the acceptance of certain evidence. Good communication with the Forensic Sciences Command (FSC) Laboratory is critical to ensuring the most efficient analysis of the most probative evidence.
2. The probative value of PGSR is to determine the presence of primer gunshot residue. PGSR hand samples collected within 6 hours of a shooting incident are usually the most probative. Thus, they will be the first samples analyzed. Samples from decedents may exceed the 6-hour timeframe. Hand coverings, such as paper bags should not be used prior to sampling and will not be processed for GSR.
3. If the hand samples are negative or inconclusive, the laboratory may analyze the suspect's clothing. **Only clothing that has already been associated with the suspect, either through direct observation or via the Biology Section, will be analyzed.** The cuffs of long sleeve clothing items and the web areas of gloves will be sampled per FSC procedures. If the submitting agency wants other areas on the clothing item sampled, or different clothing items sampled, the agency needs to specify those areas (examples: front interior waistband of pants, interior left pocket of coat).
4. PGSR samples may be collected from various surface areas (such as a vehicle's interior, upholstery, or towels). See the "Sampling/Collection Information" section in this document for how to properly collect PGSR particles from these item types.
5. PGSR analysis DOES NOT determine the distance between an object and the muzzle of a discharged firearm. Nor does it identify the manufacturer or type of ammunition used.

**Submission Criteria**

1. PGSR cases which **WILL** routinely be accepted are crimes-against-person incidents where the suspect has been arrested without a firearm. Examples of incidents routinely accepted are **Homicides, Aggravated Batteries, Armed Robberies, and Questionable Deaths with a Suspect(s).**
  - A. Prior to submission, the submitting agency and the receiving laboratory will evaluate all information/case reports to determine if the requested PGSR evidence is probative to the investigation. The submitting agency must provide sufficient details to support the request for PGSR analysis.
  - B. If the information provided by the originating agency, after submission, is deemed insufficient to determine the probative value of the PGSR request, the originating agency will be notified by the laboratory. Once documented notification is made, the agency will have **14 days** to respond and provide the needed information. If the agency does not respond within 14 days, the case will be cancelled, and the evidence will be returned unanalyzed.

2. PGSR cases which **WILL NOT** routinely be accepted are cases where the PGSR evidence is of limited, or no value.

Incident Criteria (DO NOT SUBMIT)	Justification
PGSR kits from all gunshot victims, including suicides.	It would not be unusual to find primer residue on a victim's hands or clothing, particularly when the discharge was in close quarters (e.g. inside a vehicle).
PGSR kits from individuals found in possession of a firearm or identified via surveillance video of being in possession.	Primer residue can be deposited on an individual's hand via discharge or handling a firearm.

3. Sampling/Collection Information:

- A. Sampling devices consist of a carbon-based adhesive on a 1/2-inch aluminum pin mount stub in a protective vial. Any other type of sampling medium (e.g., cotton swabs, tape, gauze, etc.) should not be used and will be returned to the agency unanalyzed.
- B. Any item requiring Biology examination should be submitted to that section prior to PGSR sampling. Any PGSR collections from items can be made in the laboratory in conjunction with the Biology examiner.
- C. Care should be taken to prevent contamination by cleaning the work area where samples are to be collected and by wearing appropriate personal protective equipment. A control sample is to be opened and exposed to the sampling environment during collection of PGSR samples.
  - 1. Collection of samples from separately recovered items should be done at different times or at different locations, if not, make sure area cleanup is performed in between collections.
  - 2. Cover the work area with clean paper prior to any sampling, if possible. If paper is used, make sure to change it and clean the work area between each sample.
- D. Proper collection of PGSR is critical to the analysis outcome. The use of common sense will be important for the proper collection of PGSR from objects other than hands. In any collection event, the number of stubs used is dependent upon how quickly the stub surface is loaded with debris/sample and/or loses its adhesiveness. Particle collection is achieved by dabbing the sample adhesive to the item throughout the defined location until adhesive tackiness is diminished or the area has been sufficiently sampled.
- E. All sample vials should be appropriately marked, and all packaging should be sealed and appropriately marked for identification.
- F. Documentation is achieved by legibly filling out the appropriate GSR kit information sheet describing the item, where the samples were collected, and the date collected.

4. If there are questions regarding the proper sampling technique for PGSR, the appropriate paperwork to submit, and/or the probative value of PGSR samples, please call the Forensic Science Center at Chicago (FSC-C) at 312-433-8000. Ask for a supervisor in the Micro/Trace Section.

**The Illinois State Police (ISP) maintains seven operational laboratories and one Training and Applications Laboratory throughout Illinois. The department encourages all Illinois law enforcement agencies to take advantage of the many technical services available to support their criminal case efforts. Contact your local ISP laboratory for more information.**

To minimize deterioration and potential contamination, evidence should be handled and packaged with care. The following guidelines will help achieve that goal. Evidence submitted must be in sealed containers or appropriate sized clear evidence bags, whenever possible. Evidence tape is the preferred sealing method. **Seals must be marked with the initials/badge number of the officer and the date sealed.**

**IMPORTANT: Notice of requests for Forensic Biology/DNA analysis must be given when the evidence is submitted.**

TYPE OF EVIDENCE	IDENTIFICATION	AMOUNT DESIRED	PRESERVATION	WRAPPING/PACKAGING	MISCELLANEOUS
<b>Adhesive Tape</b> e.g., Duct Tape, Cellophane Tape, Packaging Tape, etc.	Label or tag on outside of container. Show: 1) description of evidence, 2) agency case name and number.	Standard: 1 ft. Evidence: All	None	For Latent Print Submissions: Avoid surface contact of the adhesive side to the packing by placing sticky side up in box and pin down. For Fracture Match, Trace Material Recovery, or Tape Comparison: Exposed adhesive may be placed on plastic sheet protector. *Pack in box, paper container, or druggist's fold. Seal edges.	See "Forensic Biology/DNA" or "Latent Prints" sections (below) for additional submission guidelines.
<b>Ammunition (Live)</b>	Label or tag on outside of container. Show: 1) description of evidence, 2) agency case name and number.	Standard: All available rounds. Evidence: All available rounds.	None	Place in soft paper bags or in small container. Prevent friction, shifting, and contact while in transit.	DO NOT MAIL
<b>Arson</b>	Label outside of can or jar. Show: 1) date obtained, 2) agency, case name and number.	Standard: Taken from unburned area near evidence. Evidence: Taken from origin of fire.	Refrigerate non-liquid samples, if possible.	Clean previously unused, metal friction (paint) cans or glass jars. Seal container with tape.	Indicate if debris is from automotive fire or contains soil. Do not use plastic or paper bags to package evidence.

#### FORENSIC BIOLOGY/DNA (BIO/DNA)

##### BLOOD and BODY FLUIDS

<u>Body Tissue</u>	On outside of box, paper bag, envelope or packaging show: 1) type of specimens, 2) date secured, 3) agency, case name and number.	Standard: None Evidence: None	Freeze tissue sample in a leak-proof specimen container with no added liquid.	Package specimen container in an envelope or paper bag.	Contact the BIO/DNA Section of the forensic science laboratory for further instructions, if necessary.
<u>Bones/Teeth</u>	On outside of box, paper bag, envelope or packaging show: 1) type of specimens, 2) date secured, 3) agency, case name and number.	Standard: submit entire long bone (not sawed, femur preferred) or unrestored teeth (molars preferred). Evidence: None	If not submitted dry, freeze in a leak proof container.	Package in a box, envelope, or paper bag.	Contact laboratory for other possible usable samples or for additional instruction. Provide laboratory with any anthropological or coroner's reports in cases of unidentified remains.
<u>Cans, Bottles, or Cups</u>	On outside of box, paper bag, or envelope show: 1) type of specimens, 2) date secured, 3) agency, case name and number.	Standard: None Evidence: Submit entire container, or swab drinking area with sterile cotton swabs moistened with distilled water.	Dry all swabs before packaging.	Package in box, envelope, or paper bag; never in plastic.	
<u>Cigarette Butts</u>	On outside of box, paper bag, or envelope show: 1) type of specimens, 2) date secured, 3) agency, case name and number.	Standard: None Evidence: Submit entire cigarette butt.	Keep dry.	Package in box, envelope, or paper bag; never in plastic.	
<u>Envelopes</u>	On outside of box, paper bag, or envelope show: 1) type of specimens, 2) date secured, 3) agency, case name and number.	Standard: None Evidence: Submit entire envelope whenever possible.	Keep dry.	Package in another outer envelope or a paper bag. Never package in plastic.	

Type of Evidence	Identification	Amount Desired	Preservation	Wrapping/Packaging	Miscellaneous
<u>Fetal tissue</u>	On outside of box, paper bag, or envelope show: 1) type of specimens, 2) date secured, 3) agency, case name and number.	Standard: None Evidence: None	Freeze tissue sample in a leak-proof specimen container with no added liquid. Do not add any type of preserving agents, chemicals, or mounting medium.	Package specimen container in a plastic bag.	The medical provider collecting the sample should separate fetal from maternal tissue as much as possible.
<b>STAINS</b>					
<u>Dry Stains</u>	On outside of box, paper packet, or envelope show: 1) type of specimens, 2) from where/what sample was taken, 3) date secured, 4) agency, case name and number.	Standard: None Evidence: Collect as much of the stain as possible. Submit entire stained object. A swabbing should be submitted when the item cannot be submitted due to size, shape, or of a hazardous nature. If swabbing, collect as much stain onto as few swabs as possible.	Keep dry.	Tops, ends, and all folds sealed. Never package in plastic, always use paper.	Dry completely under natural conditions before packaging.
<u>Stained Clothing or Fabric</u>	On outside of package show: 1) type of specimens, 2) date obtained, 3) agency, case name and number and 4) owner of garment.	Standard: None Evidence: As found. Submit entire stained garment, whenever possible.	If wet when found, dry under natural conditions. USE NO EXCESSIVE HEAT TO DRY.	Each article packaged separately and identified on outside of package. Place in cardboard box or paper bags, packed to prevent shifting of contents. Always use paper bags, never use plastic bags or containers that do not allow air flow.	Submit no less than 1 sq. inch of stain if entire article cannot be submitted. Be sure to label from where on the garment the stained areas were taken.
<u>Swabs of stains (From large items which cannot be submitted)</u>	On outside of envelope show: 1) type of specimens, 2) date secured, 3) agency, case name and number, and 4) from where sample was taken.	Standard: None Evidence: Using sterile cotton swabs moistened with distilled water, collect as much stain as possible onto as few swabs as possible.	Allow swabs to dry before packaging.	Package in envelope or paper bag. Never package in plastic.	Contact the BIO/DNA Section of the forensic science laboratory for further instructions, if necessary.
<u>Convicted Offender Samples</u>	Collection of Convicted Offender Samples or others pursuant to 730 ILCS 5/5-4-3 shall be made with a DNA Indexing Database Buccal Swab collection Kit. All sections of the provided receipt must be completed.	Six (6) swab constitutes an adequate sample			Note: These collections <b>are not evidence</b> and the kits are not to be used for any other use.
<u>STANDARDS</u> Suspect, Victim, Elimination, or Relatives of Missing Persons	Biological Standards Collection Kits are available at the Forensic Science Laboratory. Directions are included with the kit. If using your own sterile swabs instead of the Collection Kit, label the outside of the box, paper bag, or envelope and include: 1) type of specimens, 2) date secured, 3) agency, case name and number, 4) name of person from whom sample was collected.	Standard: None Evidence: Two to four swabs constitute an adequate sample.	None	None	All appropriate standards, including suspect and elimination standards (example: consensual sex partner(s) in an assault case) should be submitted with the case evidence, if known. Pursuant to Illinois Statute, coroner's offices may directly submit standards of homicide victims to the laboratory. Standards for relatives of missing people must be accompanied by appropriate paperwork available from the laboratory. Alternative standards for a person (example: tooth brush) will be considered under special circumstances. A suspect's standard is required before Y-STR analysis will be performed. <i>Also see Bones/Teeth.</i>
<u>Sexual Assault Evidence</u>	Illinois State Police (ISP) Sexual Assault Evidence Collection Kit is available at most hospitals. Directions are included with the kit.	Standard: None Evidence: None	None	None	
<b>Blood/Body Fluids (Toxicology)</b> <b>*Collections must be made in accordance with 20 Ill. Adm. Code 1286.320.</b>	When possible, use standard DUI or Coroner's kit, as appropriate. Fill out provided labels (name of subject, date/time collected, officer's name and agency) and place on the tubes. Fill out case history form provided with the kit.	Standard: None Evidence: Two 10 ml grey stopper vacutainers. Two red top tubes for body fluids.	*Sterile vacutainer containing an anticoagulant and preservative. (Standard DUI kits contain potassium oxalate and sodium fluoride.) *When possible, refrigerate sample until mailed.	Place in kit and seal with provided seals. If a DUI kit is not available, place in suitable mailing package to prevent breakage and spillage.	Reference ISP Command Directive ESH Appendix 17 for additional information.

TYPE OF EVIDENCE	IDENTIFICATION	AMOUNT DESIRED	PRESERVATION	WRAPPING/PACKAGING	MISCELLANEOUS
<b>Bullets (Projectiles, not Cartridges)</b>	Seal in container and mark container, not projectile. Place Date, agency, case name and number on the container.	Standard: None Evidence: Collect all fragments.	Do not clean.	Place on tissue soft paper. Place in pill, powder, or match box. Pack to prevent shifting in transit. If wet, avoid plastic containers.	Do not pack in cotton or gauze.
<b>Cannabis - See Plant Material</b>					
<b>Cartridges or Rounds (Live) Also see "Ammunition"</b>	Place in bag or box and mark container. Place Date, agency, case name and number on the container.	Standard: All available. Evidence: All available.	None	Package to prevent shifting.	
<b>Cartridges Cases (Empty Shells)</b>	Place in bag or box and mark container. Place Date, agency, case name and number on the container.	Standard: None Evidence: All available.	None	Package to prevent shifting.	When fingerprint analysis is desired, do not remove from weapon. Hand carry to laboratory.
<b>Casts</b>	On back of cast and on the outside of container indicate date obtained, agency, case name and number.	Standard: None Evidence: All.	Let dry 24 hours before putting in package.	Support well and pack in rigid container. Use layers of newspaper to avoid shifting or breakage. Avoid sealing in plastic bags. Mark package as FRAGILE.	Dental stone is the preferred casting material. Do not clean. Take photos of impressions before casting.
<b>CLOTHING</b>					
<u>Blood and Body Fluids</u>	Attach property tag or label outside of container describing item, owner, date obtained, agency, case name and number.	Standard: None Evidence: Only pertinent items.	Do not handle with bare hands.	Package each article individually with identification written on the outside of package. Place in strong container. Use paper bags, never plastic.	Leave clothing whole, if possible. Do not cut out stains or cut through bullet holes. If wet, dry before packing. Never package in plastic bags.
<u>Touch DNA/Cellular DNA</u>	Label outside of box or paper bag with the type of item, owner, date obtained, agency, case name and number.	Standard: None Evidence: Submit entire garment or using sterile cotton swabs moistened with distilled water, swab the area of interest using as few swabs as possible.	Allow swabs to dry naturally before packaging.	Package each article individually with identification written on the outside of package. Place in strong container. Use paper bags or cardboard boxes; never plastic.	Evidence in cases with a known suspect must be submitted with approval for consumption of the sample. Victim's clothing (or swabs from victim's clothing) will not be accepted unless probative to the case and the exact area touched by the perpetrator is known. Elimination standards may be required before DNA analysis can be conducted. Contact the BIO/DNA Section of the forensic science laboratory for further instructions.
<b>DIGITAL</b>					
<u>Digital Media</u>	Label or tag on outside of packaging.	Standard: None Evidence: All	None	Package each individual digital data disc (CD, DVD, Blue-ray, etc.) or media card separately in an appropriate sleeve or case to prevent damage. Seal packaged digital media in an appropriately labeled paper envelope or bag.	
<u>Digital Images</u>	Label disc, indicate date obtained, agency, case name and number. Also, label or tag out side of container.	Standard: None Evidence: All images depicting evidence for comparison.	Digital images should be copied to an appropriately sized NON rewritable disc.	Use an envelope large enough for the disc or disc packaging.	Images for comparison purposes MUST have a scale visible. These images should be submitted in original RAW format. Impression evidence MUST be captured with the camera lens parallel to the surface of the impression.

TYPE OF EVIDENCE	IDENTIFICATION	AMOUNT DESIRED	PRESERVATION	WRAPPING/PACKAGING	MISCELLANEOUS
<b>DRUGS</b>					
<u>Liquids</u>	Label or tag on outside of container. Show: 1) description of evidence, 2) agency case name and number.	Standard: None Evidence: All to 1 pt. Not less than 15cc or 1/2 oz., if available.	None	If bottle has no stopper, transfer liquid contents to glass stoppered bottle and seal with adhesive tape and wax or other appropriately sealed evidence container such as a Nalgene bottle.	Mark FRAGILE. If the bottle is glass, see the "Sharp Objects" section for proper packaging. Determine alleged normal use of drug and if prescription, check with druggist to determine supposed ingredients.
<u>Powders, Tablets, and Capsules</u>	Label or tag on outside of container. Show: 1) description of evidence, 2) agency case name and number.	Standard: None Evidence: Amount slightly over maximum penalty amount. Packages should be kept to a maximum of 25 lbs. when feasible.	None	Seal with tape to prevent any loss.	If possible, drugs and packaging materials should be separated and packaged separately for Drug Chemistry or Latent Print cases. Consult with the forensic science laboratory for further instructions.
<u>Internal Carry (Body Cavity)</u>	Label or tag on outside of container. Show: 1) description of evidence, 2) agency case name and number. <b>Also, label exterior of package with a Biohazard Sticker.</b>	Standard: None Evidence: All	None	Seal container. Wrap in paper or soft packaging, place in suitable package to prevent breakage or spillage. <b>Add a Biohazard Sticker to the exterior of the packaging.</b>	Items recovered from an internal carry that need analysis should be cleaned off as best as possible, then submit with a "BIOHAZARD" label attached to the container.
<u>Residues</u>	Label or tag on outside of container. Show: 1) description of evidence, 2) agency case name and number.	Standard: None Evidence: A maximum of five residues should initially be submitted per case.	None	Seal container. Place in suitable package to prevent loss. If the item is glass or a sharp item, see "Sharp Objects" section for additional information.	Items with visible powder or residue tend to be the most probative in value.
<u>Syringes (See below)</u>					
<b>Electrostatic Dust print Lifts</b>	Label or tag on outside of container. Show: 1) Identify contents, 2) date lifted, 3) location, 4) agency, case name and number.	Standard: None Evidence: All	None	Secure edges inside suitably-sized box or between two firm non-corrugated pieces of cardboard. A manila folder may also be used if the lift is completely contained within the folder. (Manila folder should NOT be the outermost packaging.) Avoid surface abrasion. Seal outer package.	Take photos of impression before lifting. Make a second lift of the impression if first lift has excessive dust/debris.
<b>Fibers</b>	Label or tag on outside of container. Show: 1) description of evidence, 2) agency case name and number.	Standard: Submit entire article if possible. Evidence: All	None	Druggist fold inside of sealed envelope. Use tape on exterior package to seal edges to prevent loss.	
<b>Firearms</b>	Attach tag with pertinent data. Show: 1) date obtained, 2) agency, case name and number. Record serial # data on evidence record.	Standard: None Evidence: None	Keep from rusting.	Wrap in paper, wooden box, or cardboard box, and identify contents of package. Identify if loaded. Prevent shifting while in transit. Indicate direction of barrel. If you unload, mark position of cylinder and note location of cartridges. Do not place in gun case if fingerprints are requested.	Unload all firearms. If circumstances warrant (rusted, accidental discharge, suicide, etc.) call the laboratory in advance to submit loaded firearms. Do not put anything into barrel. Do not disassemble. Do not test or manipulate action after unloading. Do not package with anything that may scratch or mark firearm. Advise if other exams (Latent Prints, BIO/DNA, malfunction, accidental discharge, etc.) are needed.
<u>Firearms recovered in water</u>	Label or tag with pertinent data. Show: 1) date obtained, 2) agency, case name and number. Record serial # data on evidence record.	Standard: None Evidence: None	Keep from drying.	Place in container of same water. Capped 6" plastic pipe works for long guns.	
<b>Fractured Evidence or Physical Matches</b>	Label or tag on outside of container. Show: 1) type of material, 2) location and date obtained, 3) agency, case name and number.	Standard: Submit all evidence with broken, torn, or separated edges. Evidence: All	None	Place in cardboard box or paper bags, packed to prevent shifting of contents. Protect fragile fractured edges with packing material as necessary.	For submission to Latent Prints or Forensic Biology/DNA, see General guidelines.

Type of Evidence	Identification	Amount Desired	Preservation	Wrapping/Packaging	Miscellaneous
Gasoline and Ignitable Liquids	Label or tag on outside of container. Show: 1) type of material, 2) location and date obtained, 3) agency, case name and number.	For UUW: 1/4 cup Standard: Small vial	Fireproof container.	Glass vial or jar cushioned in a metal container.	Label IGNITABLE LIQUID or include the product name and manufacturer if recovered from the container.
Gelatin Lifts	Label or tag back of lift and outside of container. Identify contents and show date lifted, location, agency, case name and number.	Standard: None Evidence: All	Avoid high heat or extreme cold.	Replace cover and seal in suitably-sized paper bag or envelope.	Take photos of impressions before lifting. Transport to laboratory as soon as possible.
Glass Fragments	Label or tag on outside of container. Show: 1) description of evidence, 2) agency case name and number.	Standard: Submit fingerprint cards for all persons known to have handled glass, if latent prints are requested. Evidence: All	Avoid chipping.	Wrap each piece separately. Pack in strong box to prevent shifting and breakage. Identify contents.	Mark FRAGILE. If being submitted for Latent prints, see Latent Print guidelines. For Fracture Match, see Fractured Evidence.
Guns - See FIREARMS					
Gunshot Residue on Clothing for Primer Gunshot Residue Analysis	Label or tag on outside of container. Show: 1) Location and date obtained 2) agency, case name and number.	Standard: None Evidence: Pertinent items.	None	Avoid excessive handling. Package in paper bags, one item per bag.	If ownership of the clothing may be in question, submission of evidence to the BIO/DNA section for the collection of wearer's DNA must precede GSR examination. Guidelines for areas to be sampled for PGSR can be found in ESH 26.
Gunshot Residue on Clothing for Range Determination	Attach tag or mark directly on article, date obtained, agency, case name or number.	Standard: None Evidence: Only pertinent items.	Do not handle with bare hands.	Fold fabric flat and then wrap so that no residue is lost through friction. Place clean paper between folds. Package in paper bags, one item per bag.	Do not cut through bullet holes. Dry before submitting. Avoid shaking. Do not package in plastic bags.
Hair (for DNA Analysis)	Label or tag on outside of container. Show: 1) description of evidence, 2) agency case name and number.	Standard: None Evidence: All	None	Druggist fold. Seal edges and openings with scotch or adhesive tape.	Envelope not satisfactory. Use fingers to pull hairs, not tweezers. DO NOT CUT.
<b>Latent Prints</b>					
Lifts	Label outside of sealed package. Each lift must be properly marked to include exact location, date, and name of person taking the lift.	Standard: (The database searches require the submission of elimination prints.) Evidence: All	Use coated lift backings or fixed photographic paper.	May be submitted collectively in a sealed package.	Use of black powder is recommended. Use of transparent lifts, white powder, and fluorescent powders is discouraged.
Non-Porous Items (Glass, Metal, Plastic, Finished Wood, Firearms) Also see Firearms	Label or tag on outside of sealed package. Show: 1) Location and date obtained 2) agency, case name and number. Attach tag to large items.	Standard: None Evidence: All	Package securely to prevent movement of item. Avoid abrasion of surface within the container.	Use cardboard boxes and paper bags whenever possible. Paper containers should avoid surface contact as much as possible.	Touch as little as possible and only while wearing gloves.
Porous Items (Paper, Cardboard, Unfinished Wood)	Label outside of sealed package. Show: 1) Location and date obtained 2) agency, case name and number.	Standard: None Evidence: All	No special requirements once packaged.	No special packaging requirements.	Touch as little as possible and only while wearing gloves.
Items in Water	Label outside of sealed package. Show: 1) Location and date obtained 2) agency, case name and number.	Standard: None Evidence: All	Whenever possible, keep wet with the water in which the item was found. Do not air dry.	Use plastic containers.	Touch as little as possible and only while wearing gloves.
Adhesive Tape	Label outside of sealed package. Show: 1) Location and date obtained 2) agency, case name and number.	Standard: None Evidence: All	None	Place sticky side up in box and pin down. Avoid surface contact of the adhesive side to the packing.	Touch as little as possible and only while wearing gloves.

TYPE OF EVIDENCE	IDENTIFICATION	AMOUNT DESIRED	PRESERVATION	WRAPPING/PACKAGING	MISCELLANEOUS
Fingerprint Cards	Label outside of sealed package. All standards should be labeled with the subject's name. The name must be legible.	Standard: None Evidence: All	None	Use an envelope large enough for the card.	Inked prints are preferred. Rolled and plain impressions are recommended.
<b>Marijuana - See Plant Material</b>					
Matches	Label or tag on outside of container. Show: 1) description of evidence, 2) agency case name and number.	Standard: One to two books of paper matches. One full box of wooden matches. Evidence: Up to 1/4 lb.	Keep away from fire.	Metal container and packed in large package to prevent shifting. Matches in box or metal container.	Label "KEEP AWAY FROM FIRE"
<b>Medicines - See Drugs</b>					
Oil or Waxes	Label or tag on outside of container. Show: 1) description of evidence, 2) agency case name and number.	Standard: 1 qt. together with specifications, if available. Evidence: All to 1 pt., if available.	Keep away from fire.	Metal or glass container with tight screw top. Pack in strong box using excelsior or similar material.	DO NOT USE DIRT FOR PACKING MATERIAL.
<b>Paint</b>					
Liquid	Label or tag on outside of container. Show: 1) description of evidence, 2) agency case name and number.	Standard: 1/4 pt. Evidence: All to 1/4 pt. Not less than 30cc or 1 oz., if available.	None	Friction top paint can or large mouth screw top jars; if glass, pack to prevent breakage. Use heavy corrugated paper or wooden box.	
Solid	Label or tag on outside of container. Show: 1) description of evidence, 2) agency case name and number.	Standard: At least 1/2 sq. in. Evidence: All and if on small object, send object.	Wrap so as to protect smear.	If small amount, non-plastic pillbox or small glass vial with screw top or druggist fold in sealed envelope. Seal exterior package to prevent leakage.	Do not pack paint chips in cotton, plastic containers, or secure with scotch or adhesive tape. Do not recover paint chips on lifts or tape.
Paraphernalia (Drug) <i>Also see Syringes.</i>	Label or tag on outside of container. Show: 1) type of material, 2) date obtained, 3) agency, case name and number.	Standard: None Evidence: Pertinent items.	None	Pack glass items to prevent breakage.	Empty any liquid from smoking devices into a separate container. If the paraphernalia is glass, see the "Sharp Objects" section for proper packaging.
Plant Material <i>e.g. Cannabis, Mushrooms, Peyote, etc.</i>	Label or tag on outside of container. Show: 1) description of evidence, 2) agency case name and number.	Standard: None Evidence: Amount over maximum penalty limit. Keep package weight to a maximum of 25 lbs. when feasible.	Dry fresh plant material to prevent molding.	Loosely fill paper bag and seal if drying is impossible. In order to preserve the integrity of the evidence, do not seal wet or fresh plant material into a plastic bag or container. Use any suitable sealed container if dry. Individual plants should be wrapped separately within the evidence container. Notify laboratory of condition upon submission. Dirt or other growing material should not be submitted with the plants.	When a cannabis case will be charged based on plant count instead of weight, individual sample of cannabis plants can be substituted for whole plants if clearly marked.
<b>Powder Patterns - See Gunshot Residue on Clothing for Range Determination</b>					
<b>Powders - See Drugs</b>					
Rope, Twine, Cordage, and Miscellaneous Ligatures	Label or tag on outside of container. Show: 1) description of evidence, 2) agency case name and number.	Standard: 2 ft. or 1 lb. Evidence: All up to 2 ft.	None	Wrap securely in clean paper. If strands or fibers, use druggist fold in pillbox. Seal edges and openings with scotch or adhesive tape.	Do not untie knots. Identify any cuts made to facilitate removal.
Sharp Objects <i>e.g., Knives, Axes, Razor Blades, etc.</i>	Label or tag on outside of container. Show: 1) description of evidence, 2) agency case name and number.	Standard: None Evidence: None	None	Pack in cardboard box with appropriate packing to prevent shifting or use plastic cylinders.	Use "SHARPS" label on container. See other appropriate areas, i.e. Blood, Latent Prints.

TYPE OF EVIDENCE	IDENTIFICATION	AMOUNT DESIRED	PRESERVATION	WRAPPING/PACKAGING	MISCELLANEOUS
<b>Shoes</b>	Label or tag on outside of container. Show: 1) description of evidence, 2) agency case name and number.	Standard: All Evidence: None	If wet, let dry before sealing in package.	Seal in suitably-sized paper bag or box.	Package shoes separate from other clothing and physical evidence. Make note of possible biohazard if blood is on shoes. Be aware of and avoid loss of trace evidence. Do not wrap shoes tightly or seal them in plastic bags.
<b>Stomach Contents</b>	Place in clean, sterile container. Label outside of container with name of subject, date taken, officer's name and agency. <b>Also, label exterior of package with a Biohazard Sticker.</b>	Standard: None Evidence: All available sample.	None	Seal container. Wrap in paper or soft packaging, place in suitable mailing package to prevent breakage or spillage. <b>Add a Biohazard Sticker to the exterior of the packaging.</b>	Refrigerate sample until mailed. Label "Stomach Contents". Stomach contents should never be submitted to the Drug Chemistry Section. If there are items in the stomach contents that need analysis, the items should be removed and cleaned off as best as possible and then submitted with a "BIOHAZARD" label attached.
<b>Syringes*</b>  <i>*Actual syringes will only be accepted with documented prior approval from Laboratory Management (see ESHAPP16).</i>	Label or tag on outside of container. Show: 1) description of evidence, 2) agency case name and number. <b>Also, label exterior of package with a Biohazard Sticker.</b>	Standard: Agency should remove contents from the syringe and submit contents in an appropriate container or glass vial. Evidence: Pertinent items.	None	Place needle in plastic cylinder and seal to prevent needle sticks and loss. Needle caps are also preferred. <b>Add a Biohazard Sticker to the exterior of the packaging.</b>	Mark container as a "BIOHAZARD" and "CONTAINS SHARPS".
<b>Tires</b>	Label or tag tires. Identify vehicle and position from which they were removed (e.g., front, right, rear, etc.), owner of vehicle if known, date of recovery, agency, case name and number.	Standard: All Evidence: None	None	Tires can be large and are more easily handled independently. Tires should minimally be wrapped in paper. Any packaging that protects the tread and potential trace evidence is acceptable.	Indented test prints of tires should be made while tires are on vehicle. Consider whether or not spare tire may have been involved.
<b>Tools</b>	Label or tag on outside of container. Show: 1) description of evidence, 2) agency case name and number.	Standard: None Evidence: All	None	Cover end or edges with paper bag to catch trace evidence. Never place tape directly on edge.	Wrap each tool separately in paper, strong cardboard, or wooden box to prevent shifting and protect ends. Do NOT use tool to collect suspect marks.
<b>Toolmarks</b>	On packaging or on a tag attached to or on opposite end from where toolmarks appear. Show: agency, case name and number.	Standard: Send in the tool. Evidence: None	Cover ends bearing toolmarks with bag and wrap with paper. Never use tape on cut ends.	After marks have been protected, package each item of evidence separately. Place in strong box and pack to prevent shifting.	Use silicone casting material, make two casts if practical. Keep questioned specimens separate from known standards. Identify end with questioned cut and with agency cut.
<b>Urine (Toxicology)</b>  <i>*Collections must be made in accordance with 20 Ill. Adm. Code 1286.330.</i>	When possible, use standard DUI kit. Fill out provided labels (name of subject, date/time collected, officer's name and agency) and place on urine bottles. Fill out DUI case history form provided with DUI kit.	Standard: None Evidence: Two 35 ml. plastic bottles.	None	Place in kit and seal with provided seals. If DUI kit is not available, place in suitable mailing package to prevent breakage and spillage.	Reference ISP Command Directive ESH Appendix 17 for additional information.
<b>Wire</b> <i>Also see Toolmarks</i>	Label or tag on outside of container. Show: 1) description of evidence, 2) agency case name and number.	Standard: 1 ft. or more. Evidence: All	Do not put tape on cut ends.	Wrap securely; pack to prevent friction, shifting, breakage, or contact while in transit.	Identify end with questioned cut and end with agency cut.

ISP 6-420 (05/24)



## **ESH Appendix 29. Submission of Fired Cartridge Casing Evidence to the Biology Section**

### **A. Case Acceptance Guidelines for Fired Cartridge Casings (FCC):**

1. Cases will be limited to pre-approved submissions from the Illinois State Police (ISP) and Major Crimes Task Forces as outlined in Section D.
2. Cases submitted must have the prior approval from the ISP Expressway Safety Enforcement Group (ESEG) Unified Command, Public Safety Enforcement Group (PSEG) Unified Command, Scene & Evidence Services (SESC) Commander or designee, or an ISP DCI Zone Commander.
3. Cases submitted are limited to those without other available evidence suitable for DNA analysis.
4. Cases submitted by Task Forces should be for a major case response.
5. Cases submitted are limited to those involving injuries or a victim is present at the scene.
6. The FCCs must have been collected utilizing the FCC collection procedure outlined in Section C of this policy.
7. FCCs that are exposed to significant moisture (rain, snow, etc.) or are known to have been handled without gloves will not be accepted.
8. If the individual(s) collecting the FCCs has not submitted a standard for inclusion in the ISP DNA Database (see Command Directive TCH21) that individual should submit a buccal swab as an elimination standard to detect potential DNA contamination.
9. DNA collection/analysis of the FCCs must be conducted prior to any other forensic examinations such as NIBIN triage or NIBIN analysis to prevent loss of DNA and/or contamination.

### **B. Options for requesting NIBIN analysis and DNA analysis:**

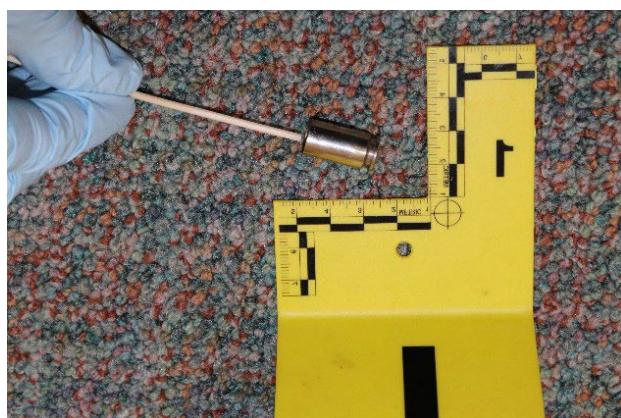
1. DNA collection from the FCC must be performed prior to NIBIN triage or NIBIN entry if both examinations are to be performed on the same FCC.
2. Once a NIBIN triage or entry has been performed on an FCC, DNA analysis will no longer be performed on that FCC.

3. Two options are available for conducting DNA analysis and NIBIN entry on the same FCC evidence. The method employed may depend on the case circumstances, the number of FCCs, and the potential number of different firearms involved.
  - 3.a. **Option 1** - All FCCs are submitted to the laboratory for both DNA analysis and NIBIN entry. Once the DNA collection has been performed, the FCCs can then be transferred for NIBIN entry.
  - 3.b. **Option 2** – If there a large number of FCCs (e.g., 20 FCCs or more) and a RUSH\*\* request is needed on the NIBIN entry, one or two FCCs can be sent immediately for NIBIN entry, and the remainder sent on for DNA analysis. NIBIN analysis can then be performed on the remainder of the FCCs once swabbing for DNA has been completed.

**\*\*RUSH requests will require approval of the Laboratory Director or designee.**

C. Fired Cartridge Casing (FCC) Collection Procedures:

1. Each FCC MUST be collected and packaged in an individual envelope. A paper envelope is the preferred method of packaging to reduce loss of DNA due to movement within the package.
2. Each FCC MUST be collected utilizing a sterile item such as the wooden end of a sterile swab and dropped into an individual envelope.
3. Convenience packaging should be used to submit multiple envelopes containing FCCs with similar characteristics (i.e., caliber and location). For example, multiple FCCs of the same caliber and near each other at a scene will be packaged in individual envelopes, which can then be packaged together in one larger envelope.
4. FCCs with red blood-like stains MUST be packaged separately to prevent cross contamination.
5. The use of proper personal protective equipment (PPE) and clean technique is critical due to the potential for contamination. It is essential that a sterile item such as the wooden end of a sterile swab is used to collect the FCC, gloves are



worn, changed frequently, and that the FCCs are not handled directly (even with gloved hands). To prevent contamination, a face mask should be worn and talking/sneezing/coughing over or near the FCC must be avoided.

#### D. Major Crimes Task Forces

- Zone 1: South Suburban Major Crimes Task Force (SSMCTF) – Cook County (Southern)  
West Suburban Major Crimes Task Force (WESTAF) – Cook (Western)  
Lake County Major Crimes Task Force (LCMCTF) – Lake  
Major Case Assistance Team (MCAT) – Cook (Northern)  
McHenry County Investigation Assistance Team (MIAT) – McHenry  
North Regional Major Crimes Task Force (NORTAF) – Cook (Northern)  
Metropolitan Emergency Response & Investigations Team (MERIT) – DuPage  
Kane County Major Crimes Task Force (KCMCTF) – Kane  
DeKalb Major Case Squad (DMCS) – DeKalb  
Will/Grundy Major Crimes Task Force (WGMCTF) – Will & Grundy  
Public Integrity Task force – Cook County – ISP led
- Zone 2: Winnebago-Boone Integrity TF- ISP led  
Rock Island Integrity TF- ISP led  
Henry-Mercer Major Crimes TF- ISP led  
Knox County Major Crimes TF- ISP led
- Zone 4: ATF Gun Violence and Trafficking Task Force
- Zone 5: Champaign County Multi-Jurisdictional Investigative Team (CCMIT) for OIS/OID Investigations - ISP led
- Zone 6: PSEG/Major case squad of Greater St. Louis
- Zone 7: Williamson County Major Case Squad and the Southern Illinois Child Death Investigation Task Force (CDITF)
- Zone 8: Southern Illinois Child Death Investigative Task Force (CDITF).



**ILLINOIS STATE POLICE  
Division of Forensic Services  
Forensic Sciences Command**

**ESH Appendix 30. GUIDELINES FOR RUSH AND PRIORITY CASE REQUESTS**

**POLICY:**

- I. “RUSH” Request – A request for laboratory analysis resulting in same day/immediate laboratory analysis and expedited results. Rush requests made during business hours typically require the analyst to work outside of their normal shift to complete the analysis and/or answer pertinent questions. A rush request made outside of normal business hours requires an analyst to be called into work to complete the analysis. Rush requests must meet all of the following criteria outlined below.
  - a. Criteria
    - i. Law Enforcement Agency (LEA) has a suspect in custody (time component of 48 hours or 24-hour hold for juvenile) who will be let go without forensic results **OR** evidence has the potential to identify an unknown suspect who is an immediate and serious threat to public safety (e.g., DNA, fingerprints).
    - ii. The case is a violent crime involving death, serious injury, or the immediate threat of death/serious injury.
    - iii. Expedited forensic results are required by the State’s Attorney in determining probable cause to charge.
    - iv. Results are required within 24-48 hours (These requests may require calling someone in on weekends, nights, or asking someone to stay past their normal schedule) in the interest of public safety.

b. Procedure

- i. Before contacting the laboratory:
  1. The LEA will determine, in conjunction with the SAO, only the most probative pieces of evidence that will be analyzed to sustain possible charges.
  2. For DNA requests, the LEA will complete the following:

- a. Permission to consume will be obtained in LIMS Prelog from the LEA or SAO prior to evidence submission when the amount of evidence sample required to obtain a useable result may leave an insufficient amount of the evidence for any subsequent analysis.
    - b. If the rush request pertains to a suspect who is detained and the request is for DNA analysis, the LEA must obtain the suspect standard for submission as part of the rush request.
  - ii. The LEA will contact the local ISP laboratory utilizing the contact information listed in section III.
    1. Be prepared to describe the case scenario, analysis requested, reason for the rush request, and ASA information.
    2. If the Rush is approved, arrangements will be made for submission to the respective laboratory.
  - iii. Laboratory Submission
    1. All rush evidence must still be submitted via normal submission processes (e.g. LIMS, Prelog, CrimePad).
    2. The laboratory's point of contact will make the necessary arrangements for submission of evidence to the laboratory to ensure timely analysis.
    3. The ISP Laboratory Director or supervisory designee approving the rush request will document the approval as a case event in LIMS. Documentation will include the agreed upon timeline for results and any contact information necessary for follow up (i.e. appropriate verbal results).
    4. Upon submission, the assignment will be given a Turnaround Time (TAT) Expectation designation of "RUSH" in LIMS.
  - iv. Results notification
    1. The laboratory will make every effort to meet the respective timeline agreed upon.
    2. If the case involves a suspect in custody and the suspect is released or charged during the hold period, the LEA will *immediately* notify the laboratory that the rush analysis is no longer necessary. The case will then be processed through the normal course of business.
    3. The results will be communicated to the points of contact that were provided to the laboratory by phone or email.

II. “PRIORITY” Request – A request for laboratory analysis resulting in expedited analysis and results. Priority requests for analysis are completed during normal business hours. After-hours work (overtime) may also be utilized; however, there is not an expectation of the analyst working outside of normal business hours.

- a. Criteria – at least one of the following criteria must be met to be considered a Priority Request.
  - i. Established court hearing with a relatively short timeframe. For example, depending on the type of analysis requested, a court date within one month would require expedited analysis.
  - ii. Court order for specified analysis within a specific time frame.
  - iii. Lead on suspect/investigative information needed as soon as possible but where the request does not qualify for a “RUSH” request as listed above.
  - iv. Special initiatives authorized by DFS command.
  - v. Other requests approved by laboratory management.
- b. Procedure – Priority request procedures vary dependent upon the type of analysis requested and the timeframe in which services are needed. For priority requests, the LEA should contact their respective laboratory during normal business hours. Laboratory personnel will discuss the request with the LEA and provide specific procedures.
- c. Upon approval, the appropriate Turnaround Time (TAT) Expectation of “PRIORITY” will be designated in LIMS for these requests.

III. Laboratory Contact Information

- a. Forensic Science Center at Chicago - During normal business hours (8:30am to 5:00pm, Monday-Friday) the LEA will contact the laboratory by calling the main number (312) 433-8000 and speaking with the Laboratory Director or a Deputy Laboratory Director. Outside of normal business hours (nights, weekends, and holidays) the LEA will contact the laboratory by calling the main number or (773) 720-9463 to speak with the Security Officer. The Security Officer will then facilitate putting the LEA in contact with the on-call laboratory manager to discuss the rush request.
- b. Joliet Forensic Science Laboratory - During normal business hours (8:30am to 5:00pm, Monday-Friday) the LEA will contact the laboratory by calling the main number (815)740-3543 and speaking with the Laboratory Director or an Assistant Laboratory Director. Outside of normal business hours (nights, weekends, and holidays) the LEA will contact the laboratory by calling (815) 207-0109. This is a cellular phone assigned to an on-call laboratory manager.
- c. Rockford Forensic Science Laboratory – During normal business hours (8:30am to 5:00pm, Monday-Friday) the LEA will contact the laboratory by calling the main

number (815) 987-7419 and speaking with the Laboratory Director or Assistant Laboratory Director. Outside of normal business hours (nights, weekends, and holidays) the LEA will contact the laboratory by calling (815) 298-7192. This is a cellular phone assigned to an on-call laboratory manager.

- d. Morton Forensic Science Laboratory – During normal business hours (8:30am to 5:00pm, Monday-Friday) the LEA will contact the laboratory by calling the main number (309)284-6500 and speaking with the Laboratory Director or an Assistant Laboratory Director. Outside of normal business hours (nights, weekends, and holidays) the LEA will contact the laboratory by calling (217) 720-1481. This is a cellular phone assigned to an on-call laboratory manager.
- e. Springfield Forensic Science Laboratory – During normal business hours (8:30am to 5:00pm, Monday-Friday) the LEA will contact the laboratory by calling the main number (217)782-4975 and speaking with the Laboratory Director or an Assistant Laboratory Director. Outside of normal business hours (nights, weekends, and holidays) the LEA will contact the laboratory by calling (217) 836-5411. This is a cellular phone assigned to an on-call laboratory manager.
- f. Metro-East Forensic Science Laboratory – During normal business hours (8:30am to 5:00pm, Monday-Friday) the LEA will contact the laboratory by calling the main number (618) 222-8400 and speaking with the Laboratory Director or Assistant Laboratory Director. Outside of normal business hours (nights, weekends, and holidays) the LEA will contact the laboratory by calling (618) 971-3285. This is a cellular phone assigned to an on-call laboratory manager.

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## Forensic Sciences Command

Date of Original Issue: 03/15/00	Policy: <b>EVH 1 - Evidence Receipt</b> Page 1 of 2
Date of Revised Issue: 05/16/24	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-24-04	

## I. POLICY

- I.A. The unique identifier for cases in the Forensic Sciences Command (FSC) is the case number.
- I.B. All client user agencies will utilize the designated LIMS portal to submit evidence to the FSC.
  - I.B.1. The Chicago Police Department (CPD) will submit evidence through the established portal to directly upload to the LIMS from eTrack.
  - I.B.2. The Illinois State Police will submit evidence via custody transfer or the Prelog portal in LIMS.
  - I.B.3. All other client user agencies will submit evidence through the Prelog portal in LIMS.
- I.C. All evidence tracking will be accomplished in the LIMS and account for all items received by the agency.
- I.D. Upon receipt of evidence, or upon evaluation of evidence prior to the analysis, if there is doubt about the suitability of an item for testing, the laboratory will contact the user agency regarding the test item and determine if there is alternative evidence available for submission. If there is no alternative evidence the laboratory will return the item untested to the agency.

## II. PROCEDURE

Case numbers are generated sequentially, beginning with **1** and progressing until the end of the calendar year.

- II.A. Effective January 1, 2024, all new cases are identified with “ISP” and a two (2) digit year identifier proceeding the sequential number (e.g., ISP18-000024).
- II.B. Between December 3, 2018 and December 31, 2023, all new cases were identified with “DFS” and a two (2) digit year identifier proceeding the sequential number (e.g. DFS18-000024).
- II.C. On December 6, 2021, the Evidence Vault Maintenance (EVM) program was migrated to LIMS. Cases that did not merge with a lab case were given a DFS case number. Therefore, there are cases prior to 2018 that now have DFS case numbers (e.g., DFS08-001000)
- II.D. Prior to LIMS, cases were identified to the particular laboratory and year by the prefix preceding the sequential number.

A case may be listed as C01-000001 or even C01-1, as the zeros are place holders associated with the LIMS system which reads to six (6) places. The above example is a Chicago case, received in 2001, and is the first case of the calendar year.

II.D.1. For historical purposes, laboratory designators used were as follows:

C - Forensic Science Center at Chicago  
F - Metro-East Forensic Science Laboratory  
J - Joliet Forensic Science Laboratory  
M - Morton Forensic Science Laboratory  
R - Rockford Forensic Science Laboratory  
S - Springfield Forensic Science Laboratory  
X - Research and Development Laboratory

II.D.2. Designators discontinued years before the LIMS implementation were as follows:

M - Maywood Forensic Science Laboratory  
P – Pekin and Morton Forensic Science Laboratory (prior to 1996)  
C - Carbondale Forensic Science Centre (pre-1996)  
M and W – Westchester/Suburban Chicago Forensic Science Laboratory (Note:  
Suburban Chicago included Broadview, Maywood, and Westchester sites)  
C and T - Southern Illinois Forensic Science Centre  
D - Desoto Forensic Science Laboratory



## Forensic Sciences Command



Date of Original Issue: 12/02/96	Policy: <b>EVH 2 - Internal Evidence Chain</b> Page 1 of 1
Date of Revised Issue: 08/15/23	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-23-03	

## I. POLICY

- It is the policy of the Forensic Sciences Command to maintain the integrity of evidence throughout the internal evidence chain.

## II. PROCEDURE

- II.A. Internal chain of custody and location will be documented through LIMS.
- II.B. Evidence will reside in a location or the custody of a person. The person having custody and the person moving an item to a location (Entry User) are considered to be in the Chain of Custody. Additional policies may be defined in the laboratory's Facility Operations Manual.
- II.C. When evidence changes locations or custody:
  - II.C.1. It is the responsibility of each person receiving evidence to ensure the evidence is properly sealed at the time of the transfer.
  - II.C.2. The evidence will be marked in accordance with EVH08.



Date of Original Issue: 10/01/96	Policy: <b>EVH 3 - Submission of Evidence After Prior Examination</b> Page 1 of 2
Date of Revised Issue: 03/14/24	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-24-03	

## I. POLICY

Unless directed by Command or a Laboratory Director, evidence that has been examined by another agency will not be re-examined by the Illinois State Police (ISP) Forensic Sciences Command (FSC) Laboratories for the same examination. This is applicable for evidence that another laboratory or agency has previously analyzed and issued a report with conclusions for the examination.

## II. DISCUSSION

II.A. The reason for this policy is to ensure critical evidence is analyzed in a responsible manner. Responsibly analyzing evidence includes the importance of having sampling and/or testing decisions being made by one full-service laboratory. When multiple scientists analyze the same evidence for similar reasons, critical evidence can be consumed, resulting in the following adverse situations:

- II.A.1. Significant samples are consumed in non-discriminating examinations.
- II.A.2. Critical evidence is consumed by the first laboratory leaving a second examination by another laboratory to be negative.
- II.A.3. Evidence that has been subjected to some prior examination frequently will be in a state not suited for additional examination.

II.B. It is not the intent of the policy to prohibit agencies from preliminary examination of drugs by using various drug testing kits. However, agencies should be advised that preliminary drug testing of small samples should not be performed as insufficient sample may be left for laboratory examination.

## III. PROCEDURE

- III.A. Cases received by laboratory personnel of the type mentioned in II.A above will be brought to the attention of the Laboratory Director for follow-up action.
- III.B. Realizing that other justifiable circumstances may exist such as in Section II.B. above, the following procedure will be followed if the laboratory receives a request to analyze evidence that another laboratory or agency has previously examined and issued a report with conclusions for the examination.

- III.B.1. After evaluating the circumstances of the request, Laboratory Directors may approve the requested analysis.
- III.B.2. The appropriate Bureau Chief will resolve any conflicts regarding evidence previously examined.
- III.C. This policy is applicable to all type of examinations performed by the laboratory system.



## Forensic Sciences Command



Date of Original Issue: 12/02/96	Policy: <b>EVH 5-Collecting of Physiological Standards/Non-Laboratory Personnel</b> Page 1 of 1
Date of Revised Issue: 01/10/19	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-19-02	

## I. POLICY

Personnel will not be permitted to collect blood standards from laboratory personnel. On occasion, laboratory personnel may collect blood and other physiological standards from non-laboratory personnel, i.e., cadavers.

## II. PROCEDURE

- I.IA. Forensic Sciences Command (FSC) personnel will not collect physiological standards from non-laboratory personnel. The only exception will be that FSC laboratory personnel may collect needed standards from cadavers if no medical doctor is available in the immediate area. In those instances, a written note in the case file must explain the efforts taken to locate a more qualified person and also reflect the actions taken in the collection of the standards.
- I.IB. Forensic Sciences Command personnel will not collect blood standards from any laboratory personnel. They may, however, collect other physiological standards from laboratory personnel with the consent of the individual from whom the sample is being collected.



## Forensic Sciences Command



Date of Original Issue: 04/04/97	Policy: <b>EVH 6 – National Integrated Ballistics Information Network (NIBIN)</b> Page 1 of 2
Date of Revised Issue: 03/24/22	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-22-02	

## I. POLICY

This policy establishes guidelines for the NIBIN program and defines the functions of an Evidence Technician in the Firearms Section.

- I.A. NIBIN entries will be required for suitable test fired cartridge cases from magazine fed firearms and suitable recovered fired cartridge cases.
- I.B. No ISP laboratory possesses NIBIN equipment capable of acquiring bullet images.
- I.C. The local Laboratory Director, or designee, may approve NIBIN entries of suitable cartridge cases different than those listed in Section I.A.

## II. EVIDENCE TECHNICIAN RESPONSIBILITIES

- II.A. The Evidence Technicians will assist the firearms examiners of the Forensic Sciences Command. Primary duties include, but are not limited to:
  - II.A.1. Receiving and returning of firearms evidence.
  - II.A.2. Performing initial inspection (clearing) of firearms, preparing documentation to support chain of custody, assignment of case numbers and related administrative activities.
  - II.A.3. Preparing worksheets on and test firing firearms submitted for NIBIN comparisons and performing preliminary processing procedures involving firearms, ammunition (and its fired components).
  - II.A.4. Maintaining logs and records on precise measuring instruments such as analytical balances, stereo microscopes, and digital imaging equipment (when applicable).
  - II.A.5. Storing of evidence in laboratory evidence vaults, distributing evidence to Forensic Scientists at appropriate times for analysis, storing evidence after the analysis and returning of the evidence to the submitting agency.
  - II.A.6. Entering information and images into the NIBIN and sending the images to the server for correlation purposes.

- II.A.7. Performing other Firearms Section or laboratory duties as approved by laboratory management.
- II.B. These duties will not supersede, infringe or otherwise impede the Forensic Scientist's duties, responsibilities or obligations regarding the examination of laboratory cases.

**III. EVIDENCE CUSTODY**

Evidence Technicians may receive evidence and perform the necessary activities to obtain images for entry into the NIBIN. If the firearms examiner does not take control of the evidence, it is not necessary for the firearms examiner to take custody of the evidence in LIMS.

**IV. EVIDENCE TECHNICIAN TRAINING**

Evidence Technician training is the responsibility of the Laboratory Director.

**V. PROFICIENCY TESTING**

Evidence Technicians must participate in annual proficiency testing programs. The tests will be developed and administered by the quality assurance program. Records of the proficiency tests will be maintained by the laboratory's Quality Manager.



## Forensic Sciences Command



Date of Original Issue: 12/02/96	Policy: <b>EVH 7 - Evidence Packaging</b> Page 1 of 1
Date of Revised Issue: 08/27/25	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-25-05	

**I. POLICY**

The original packaging of all items as received by each laboratory and any subsequent repackaging will be maintained as an integral part of the chain of evidence.

**II. PROCEDURE**

- II.A.** Normal laboratory processing may hinder the reuse of the original evidence container. If the packaging will not be retained, (e.g. Toxicology DUI Kits), a copy/image/record of the original package will be maintained in the case record. If different exterior packaging is necessary, the original packaging will be retained and included.
- II.B.** Additionally, when evidence packaging involves the submission of multiple cases in one item (such as when an agency sends more than one case in a box via the mail/shipping service), an image of the address side of the package will be maintained in the case record. The image will include the tracking number. The tracking number will be scanned during PreLog Batch Intake.
- II.C.** The worksheet will acknowledge how each item is repackaged and will include any repackaging added by the laboratory. If the original evidence container is repackaged, the worksheet will note that the original package as received from the submitting agency is enclosed.



## Forensic Sciences Command



Date of Original Issue: 03/15/00	Policy: <b>EVH 8 - Minimum Standards for Evidence Marking</b> Page 1 of 2
Date of Revised Issue: 03/14/24	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-24-03	

## I. POLICY

- I.A. Evidence will be marked by laboratory personnel to meet the following criteria:
  - I.A.1. Markings must be sufficient to permit proper retrieval of evidence from storage.
  - I.A.2. Markings must be adequate for identification of evidence in court.
  - I.A.3. Markings on sealing tape must be designated to protect the integrity of the evidence.
  - I.A.4. All markings shall be accurate and legible.
  - I.A.5. This policy applies to items and sub-items.
  - I.A.6. Markings are required for anyone who receives an item, breaks a seal, makes a seal, or returns an item.
- I.B. An “item” is defined as either physical evidence or a package containing physical evidence.

## II. PROCEDURE

- II.A. To meet criterion I.A.1., a LIMS barcode label will be placed on all items.
- II.B. To meet criterion I.A.2., anyone who receives an item, creates a sub-item, breaks a seal, or makes a seal will place their initials and date on the evidence or the evidence package/container. Simply moving items from one location to another location or personal custody does not require markings. Documentation of those action can be found in the Chain of Custody.
- II.C. To meet criterion I.A.3. the sealing tape or heat seal must be initialed and dated to document who sealed the evidence. Markings on the tape or heat seal must go across the tape or heat seal and onto the container.
- II.D. To meet criterion I.A.4. all markings must be accurate and clearly discernible on the evidence or package. The color of ink should be selected to provide the most suitable contrast to the background.

**III. TYPES AND LOCATION OF MARKS**

- III.A. Marks must be able to withstand normal handling and environmental stresses (heat, cold, moisture, etc.) without obliteration.
- III.B. During the marking process, care must be taken to place the marks in such a manner that they will not alter the evidentiary value of the evidence. Marks will be placed on the evidence so they are readily visible unless the evidence is known to have intrinsic value. In this case, if possible, the marks must be placed in an area that would not alter the value of the object.
- III.C. If the evidence cannot be marked without substantially altering its value, it should be sealed in an appropriate container and the markings placed on the container.
- III.D. If an ink pen is used to mark the item, the marks should be of sufficient size to be easily discernible. The color of ink should be selected to provide suitable contrast to the background. Generally black ink is superior over blue ink. Permanent marker is preferred.
- III.E. A scribing device may be used to mark appropriate items, especially those of a metallic nature having non-intrinsic value. For valuable items, cable ties or tags will be used instead of scribing.
- III.F. Sub-item labels will not be placed on the outer packaging with the parent label.
- III.G. The Forensic Sciences Command follows a “one package, one label” philosophy. Outer packaging should only have one label identifying the Bulk Container, Case Container, Parent Item or Sub-Item. Scanning this single label must move all items within the package. No other LIMS barcodes will be placed on the evidence (e.g. do not place a Case Label on the package, do not place a hierarchy-only item label on a package).
- III.H. Legacy items may have been labeled with more than one barcode. In this situation, all barcodes need to be scanned when moving the items. In order to facilitate this process, when an item is removed from a legacy multi-item package the barcode for the item must be lined out and initialed.

**IV. ADDITIONAL REQUIREMENTS**

Notification: A sign will be posted in the evidence receiving area stating, “Objects submitted as evidence to the laboratory could be damaged during examination”.



## Forensic Sciences Command



Date of Original Issue: 08/01/98	Policy: <b>EVH 9 - Case Analysis and Reporting Errors</b> Page 1 of 4
Date of Revised Issue: 01/18/24	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-24-02	

## I. POLICY

It is the policy of the Forensic Sciences Command (FSC) to track any situation which may lead to agency dissatisfaction.

## II. DISCUSSION

II.A. Agency dissatisfaction may arise out of several different scenarios. Examples of these may include: inaccurate analysis; conflicting results between a FSC examination and a private source; conflicting results between FSC Forensic Scientists; failure to examine evidence; refusal to accept cases; or issuing amended reports. If a discrepancy or error involves weights in a drug case or missing drug evidence, also refer to the section of Command Directive ADM 14 that addresses missing drug evidence. A more detailed discussion of each scenario follows:

## II.B. Inaccurate Analysis

II.B.1. Inaccurate analysis is defined as a reported conclusion concerning the examination of an item of evidence which cannot be substantiated by the existing data or is found to be erroneous by independent examination.

II.B.2. Inaccurate analysis can occur in a variety of ways, including but not necessarily limited to the following:

II.B.2.a. A misidentification is made, e.g., a white powder consisting of cocaine is identified as cocaine; a latent print of a victim is incorrectly identified as belonging to the suspect; a firearms identification is made of a bullet to the wrong weapon. This is commonly referred to as a Type I Error or a false positive.

II.B.2.b. A positive identification is not made when it should have been made, e.g., a white powder containing cocaine is reported as “no controlled substance identified”. This is commonly referred to as a Type II Error or a false negative.

II.B.2.c. The analysis is reported as inconclusive when the data indicated a more definite conclusion.

II.B.2.d. Errors of omission, e.g., an analyst fails to observe obvious physical evidence or fails to perform appropriate analysis.

II.B.3. The inaccurate analysis of evidence and the misinterpretation of data are serious errors which can have adverse effects on the results of a criminal investigation. Forensic Scientists have, by virtue of their profession, assumed the responsibility to render technically correct statements in all written or oral communication. This communication of technical results must be based upon sound scientific principles which neither exaggerate nor underestimate the available data.

II.C. Conflicting results on a case between the command employee and a private analyst or between two command employees.

II.C.1. A case that has been examined by a command employee and reported may be examined by a private analyst who disagrees with the results.

II.C.2. Conflicting results on a case between the employee who originally performed the examination and another employee within the Command can occur in a variety of ways, including, but not necessarily limited to the following:

II.C.2.a. Supplemental evidence is received for additional examination and the employee who originally performed the examination is no longer employed by the department. During the course of the supplemental examination, questions may arise about the validity or actual work performed by the first examiner.

II.C.2.b. During the course of case reanalysis, the Quality Review Coordinator's (QRC) results disagree with the results from the employee who originally performed the examination.

II.C.3. It is recognized that certain conclusions are subjective and are acceptable judgement calls. It is not the intent of the policy to address differences in opinion on these acceptable judgement calls, but rather to address obvious errors.

II.D. Failure to Examine Evidence

This situation occurs when an employee fails to perform needed examinations on a case, fails to track the case and thus does not perform any examination, or fails to transfer evidence to another section. This situation does not include those times when an employee could not perform examinations based upon the condition of the evidence and laboratory worksheets/reports substantiate the employee's decision.

II.E. Refusal to Accept Cases

This situation pertains to those cases that are refused due to policy or command ability to perform the requested examination, and where the agency displays dissatisfaction upon notification.

II.F. Issuing of Amended Reports

This scenario pertains to those situations when an amended report must be issued as a result of an error in reporting analytical/technical information.

II.G. Other Situations

Other situations may arise in a laboratory which have the potential for raising doubts about the laboratory system's professional ability or the error significantly impacts the outcome of the case. Laboratory Directors will be responsible for monitoring these situations and following the same reporting procedure described in the following section.

### III. PROCEDURE

III.A. The following procedures have been established in the event any situation arises which meets the intent of sections II.B. Through II.G. under DISCUSSION.

- III.A.1. Upon becoming aware of the situation, the laboratory management will refer to sections QM-8 and QM-17 of the Command Quality Manual to determine the appropriate course of action. If a Quality Issue Report (QIR) must be initiated, the Laboratory Director, or acting Laboratory Director, will notify the appropriate Bureau Chief explaining the situation within 48 hours. They will then proceed to develop a Quality Issue Report.
- III.A.2. It will be the responsibility of the reporting individual to ensure the information is in the format described. Instructions for the QIR and Laboratory Quality Flag are listed in the Command Quality Manual.
- III.A.3. Where necessary, the agency will be informed of the issue and work will be recalled.

#### III.B. Investigating Inaccurate Analysis

- III.B.1. In cases of inaccurate analysis, the analyst responsible for the results will be shown the questioned error and asked to confirm or refute the error.
- III.B.2. If the analyst confirms the existence of the error, he or she will be asked to acknowledge in writing indicating that the error did occur.
- III.B.3. If the analyst refutes the error or if there is any doubt as to the validity of the error, the analyst will indicate this in writing with appropriate justification. This will be submitted to the Director of Quality Assurance within three days.
  - III.B.3.a. For DNA issues, in the event of III.B.3. above, the Director of Quality Assurance will notify Command Administration and the appropriate DNA Technical Leader. The Technical Leader will review the issue in consultation with the Director of Quality Assurance. The final decision will be made by the appropriate DNA Technical Leader in conjunction with the Commander.
  - III.B.3.b. For all other disciplines, in the event of III.B.3. above, the Director of Quality Assurance will notify Command Administration. The Commander, appropriate Bureau Chief, and the Director of Quality Assurance will determine whether to convene a Quality Assurance Review Board.

#### III.C. Quality Assurance Review Board

As necessary, the Director of Quality Assurance or designee will convene a Quality Assurance Review Board to resolve concerns about inaccurate analysis for disciplines other than DNA.

- III.C.1. The appropriate statewide Training Coordinator, the QRC, two Forensic Scientists selected by the employee, and one Forensic Scientist selected by the Director of Quality Assurance will be asked to participate in as a Quality Assurance Review Board to evaluate the case. The Forensic Scientists must be from a laboratory in the system other than the employee's laboratory.
- III.C.2. Decisions made by the Quality Assurance Review Board will be final and all proceedings are to be treated as confidential in nature by the board members.

III.C.3. If a disagreement is found among the Quality Assurance Review Board members or if any questions are unresolved, the decision will be found in favor of the employee, subject to the approval of the Commander.

III.D. Suspension of Casework

III.D.1. In the event the situation may raise doubt about the analyst's (or analysts') ability to provide accurate, quality work, the analyst(s) may be removed from casework. Any individual reviewing the situation can recommend, through the appropriate chain-of-command, that the individual involved be temporarily removed from casework in the specific area where the problem has been identified.

III.D.1.a. For DNA issues, the appropriate casework DNA Technical Leader will review the issue and in consultation with the Director of Quality Assurance will inform Command Administration that casework is being suspended.

III.D.1.b. For all other disciplines, the Director of Quality Assurance will make a recommendation to Command Administration after review by the discipline's QRC indicates suspending casework is the proper course of action.

III.D.2. Casework may be resumed once all issues have been resolved and/or all necessary corrective action has been completed. Recommendations/decisions for resuming casework will follow the same procedure as described for suspension of casework.

III.E. Disciplinary Action

III.E.1. If it is determined that inaccurate analysis of evidence has occurred, then disciplinary action may be taken. The following guidelines should be followed:

III.E.1.a. Inaccurate analysis can be classified into the types documented in the DISCUSSION section above. Since Type I, or false positives, have a high potential for causing a miscarriage of justice, the degree of disciplinary action between Type I, and other types of errors may be different.

III.E.1.b. It is conceivable that certain inaccurate analysis will result in disciplinary action, depending on the reason the inaccurate analysis occurred. Any such disciplinary action will be in accordance with department, Command, and bargaining unit agreements (if applicable).

III.E.2. Inaccurate analysis discovered on a proficiency test is exempted from this policy. However, upon discussion with the examiner concerning the problem and corrective action needed, any subsequent error made during case work will not be exempted.

III.E.3. An analyst who discovers he or she has made an inaccurate analysis and brings the error to the attention of the Laboratory Director will be exempted from this policy for that error. However, if the analyst delays in bringing the error to management's attention or the error significantly impacts the outcome of the case, the analyst will not be exempted from this policy. After discussion with the analyst concerning the problem and implementing the appropriate course of action, any subsequent error made during case work will also not be exempted.

III.F. Performance Evaluation

The immediate supervisor will need to note there was documented quality issue and the status (e.g., addressed, resolution in progress, etc.) in the next performance evaluation.



## Forensic Sciences Command



Date of Original Issue: 12/02/96	Policy: <b>EVH 10 - Access to Physical Evidence</b> Page 1 of 1
Date of Revised Issue: 07/20/23	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-23-02	

## I. POLICY

It will be the policy of the Forensic Sciences Command to establish the Official Identification and/or authority of all individuals submitting or receiving evidence and/or related materials.

## II. DEFINITIONS

II.A. For the purpose of this directive, the following definitions of Official Identification apply:

- II.A.1. Badge and I.D. card of sworn officer(s), both uniformed and plain clothes
- II.A.2. Identification issued to civilian personnel by criminal justice agency

## III. RESPONSIBILITY

III.A. For the purpose of this directive, it is the responsibility of the indicated employee(s) to initiate all applicable procedures and fulfill all requirements.

## IV. PROCEDURE

IV.A. Laboratory personnel will verify the identity of any individual submitting, requesting access to, or receiving any evidence and/or related case materials prior to honoring such requests.

IV.B. In the absence of official identification, laboratory personnel will confirm identity through direct communication with the agency.



## Forensic Sciences Command



Date of Original Issue: 12/02/96	Policy: <b>EVH 11 - Case Tracking</b> Page 1 of 1
Date of Revised Issue: 08/18/25	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-25-04	

**I. POLICY**

Specific to the services offered by the Forensic Sciences Command, it is the policy of the Forensic Sciences Command that local agencies need not go further than their local forensic science laboratory to obtain assistance on any type of laboratory examination. This position means that a local agency can call a laboratory and get information concerning any type of examination. The laboratory will check the appropriate source and get back to the agency. The agency can submit any type of evidence for services offered by the Forensic Sciences Command and the laboratory will forward the evidence to the appropriate laboratory that can perform the requested examination if the receiving laboratory cannot comply with the request.

**II. PROCEDURE**

- II.A. All laboratories will utilize the Laboratory Information Management System (LIMS) to track cases forwarded to another laboratory.
- II.B. Laboratory Directors are to ensure a mechanism is in place and followed to ensure return receipts for transferred evidence have been received. To ensure evidence has been received by the organization, the laboratory is to confirm receipt of said evidence within ten calendar days from the date of mailing.



Date of Original Issue: 12/02/96	Policy: <b>EVH 12 - Requests to Provide Additional Examination of Cases</b> Page 1 of 1
Date of Revised Issue: 08/18/25	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-25-04	

## I. POLICY

It is the policy of the Forensic Sciences Command to provide additional examination on cases if the analysis has a potential of providing increased information.

## II. DISCUSSION

- II.A. After a case has been worked by a laboratory, additional evidence and/or information may be obtained by the agency. This may result in a request for additional analysis such as:
  - II.A.1. Additional suspects are identified and a request is received to compare open latent fingerprints with these suspects;
  - II.A.2. New standards are obtained and the agency requests to compare these standards to evidence previously submitted;
- II.B. Occasionally, there may be a request to provide additional examination on evidence previously worked by another forensic science laboratory or in the case of latent fingerprints, by the submitting agency. It is Command intent to provide these services when appropriate; however, refer to EVH 3 for additional policy information.

## III. PROCEDURE

- III.A. Laboratory management may need to be made aware of these requests. If the requested analysis has a potential of providing additional information, then the examination will be performed. In some cases, it will be necessary to rework the case before proceeding on to the additional analysis. This decision must be left to the discretion of the examiner.
- III.B. Refusal to examine cases where additional evidence has been obtained will be governed by EVH 13.
- III.C. If the examiner reexamines the case and does not agree with the original findings, then EVH 9 will be implemented.



## Forensic Sciences Command



Date of Original Issue: 12/02/96	Policy: <b>EVH 13 - Case Refusal Procedure</b> Page 1 of 1
Date of Revised Issue: 07/20/23	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-23-02	

## I. POLICY

■ No analytical case will be refused by a Forensic Scientist or an Evidence Technician unless approved by the individual's supervisor or higher supervisory personnel.

## II. PROCEDURE

Analytical cases which individuals believe should not be accepted should be brought to the individual Laboratory Director or appropriate supervisor/designee's attention. Appropriate justification as to why a case should not be accepted will be delineated to the Laboratory Director or appropriate supervisor/designee by the respective examiner.



Date of Original Issue: 12/02/96	Policy: <b>EVH 14 - Reverse Role Undercover Operations Cases</b> Page 1 of 1
Date of Revised Issue: 12/21/21	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-21-10	

## I. POLICY

All laboratories will participate in Illinois State Police (ISP) Division of Criminal Investigations (DCI) reverse role undercover operations cases by providing complete qualitative analysis, necessary quantitative analysis, net weights for cannabis, repackaging of evidence as directed by DCI, issuing of reports, and repeat of the complete analysis upon return of the evidence with all discrepancies being noted. Necessary quantitative analysis of the selected controlled substances will be performed by the designed quantitation laboratory. The laboratories will assume that all DCI protocols for a reverse role undercover operation are being followed. Laboratory management and drug chemistry personnel should be familiar with ISP Directive ENF- 7.

## II. PROCEDURE

II.A. When a reverse role undercover operations case is received, the Laboratory Director will notify the Commander by e-mail within five working days of receipt of the case. The following information, if available, will be included in the e-mail:

- II.A.1. Case number
- II.A.2. Date received
- II.A.3. Zone and/or MEG unit
- II.A.4. Case officer
- II.A.5. Officer delivering evidence to lab
- II.A.6. Analysis requested
- II.A.7. Type of case (cannabis, cocaine, etc.)

II.B. The Laboratory Director has the authority to monitor activities of reverse role undercover operation cases. Laboratory reports no longer need to be forwarded to Command. However, Command administration must be informed of any concerns or discrepancies which occur when the two analyses are compared.



## Forensic Sciences Command



Date of Original Issue: 12/02/96	Policy: <b>EVH 15 - Destruction of Physical Evidence</b> Page 1 of 1
Date of Revised Issue: 05/31/18	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-18-04	

## I. POLICY

It is the policy of the Forensic Sciences Command (FSC) that all evidence will be returned to the submitting agency unless specifically exempted by other sections of the Command Directives Manual. With some evidence types (biologicals, firearms, etc.) it may be mutually beneficial to the command and the submitting agency to have the laboratory destroy the evidence.

## II. PROCEDURE

- II.A. The destruction of said evidence can be accomplished only by the following protocol:
  - II.A.1 A court order to destroy the evidence. (This documentation must be maintained in the appropriate case file.)
  - II.A.2. The type of evidence is exempted in the Command Directives Manual.
- II.B. Any agency requesting that non-exempted evidence be destroyed will be refused, although guidance may be given to them on how to best destroy the evidence.
- II.C. Under no circumstances will evidence be submitted or resubmitted to a laboratory with the sole intent to have the laboratory destroy the evidence. Destruction of evidence must be witnessed. The laboratory director is responsible for assigning a witness(es) to observe the destruction and to ensure the proper documentation is recorded.
- II.D. Destruction of extracted and amplified DNA as well as the cuttings used for extraction from standards and evidence stains are exempt from this directive. However, destruction of these items must follow the guidelines outlined in the Biological Evidence Retention and Return Policy found in the Quality Assurance section of the Forensic Biology Procedures Manual.



## Forensic Sciences Command



Date of Original Issue: 12/02/96	Policy: <b>EVH 16 - Reporting Cases Sent to Another Command Laboratory for Analysis</b> Page 1 of 1
Date of Revised Issue: 12/03/18	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-18-08	

## I. POLICY

Cases may be transferred from one laboratory to another within the Forensic Sciences Command. (See also EVH 29.) The purpose will vary from: 1) reducing backlog, 2) providing statewide training with cases for new employees, 3) sending cases to a laboratory that has additional analytical capabilities, and 4) supplementing existing analysis, e.g., a case is believed inconclusive at one laboratory and is sent to another laboratory which has enhanced instrumentation. In some of these situations, two reports will be generated. The intent of this policy is to require when a second report must be issued.

## II. PROCEDURE

- II.A. A scientist/examiner receives a case and in the process of examining an item cannot reach a definitive conclusion. He or she sends the item to another command laboratory where a second scientist/examiner performs tests which are different from the tests performed by the first scientist/examiner. The second scientist/examiner is able to make a definitive conclusion. In this situation, the first scientist/examiner will write a report indicating that the item was sent to the second scientist/examiner, and the second scientist/examiner will write a report stating his/her conclusion(s).
- II.B. A scientist/examiner receives a case and in the process of examining an item cannot reach a definitive conclusion. He or she has the item examined in the same laboratory or sends the item to another command laboratory where in each circumstance a second scientist/examiner performs tests which are different from the tests performed by the first scientist/examiner but by themselves are insufficient to make a definitive conclusion. The second scientist/examiner sends the first scientist/examiner the generated data. As a result, the first scientist/examiner can reach a conclusion based upon his/her original analysis and the data sent by the second scientist/examiner. In this situation, the first scientist/examiner will write a report stating what was initially concluded, that the item was examined or tested by another scientist/examiner, and what the combined final conclusion is.
- II.C. A scientist/examiner has performed all the necessary tests to make a conclusion, however, before making a conclusion he or she confers with a second scientist/examiner and asks for concurrence. In this situation, the first scientist/examiner will issue a report. No report will be issued by the second scientist/examiner.



## Forensic Sciences Command



Date of Original Issue: 12/02/96	Policy: <b>EVH 18 - Review of Amended Case Reports</b> Page 1 of 1
Date of Revised Issue: 1/10/19	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-19-02	

## I. POLICY

- All amended case reports will be reviewed by the first line supervisor prior to the submission to the agency (client) unless the Laboratory Director determines that a higher supervisory review is warranted.



## Forensic Sciences Command



Date of Original Issue: 12/02/96	Policy: <b>EVH 19 - Requests for Reports on Evidence sent to Outside Laboratories</b> Page 1 of 1
Date of Revised Issue: 1/10/19	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-19-02	

## I. POLICY

■ Whenever a Forensic Sciences Command (FSC) laboratory must send evidence to an outside laboratory for analysis, such as the FBI, a cover letter will be sent to the laboratory receiving the evidence. In addition, a courtesy copy of the letter will be sent to the agency that originally submitted the evidence.

## II. PROCEDURE

■ II.A. This letter will include a request that the report be sent to the submitting FSC laboratory (see EVH Appendix 5).

■ II.B. If the outside laboratory refuses to send the report to the FSC laboratory, documentation of the refusal will be placed in the master case file.



## Forensic Sciences Command



Date of Original Issue: 12/02/96	Policy: <b>EVH 20 - Documentation of Case-Related Communications</b> Page 1 of 1
Date of Revised Issue: 01/18/24	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-24-02	

## I. POLICY

Any communication pertaining to a case, whether it be disseminating information, releasing verbal testing results, requesting standards and/or information that is transacted with an agency or another laboratory/analyst will be documented as case correspondence in the Laboratory Information Management System (LIMS) which will ensure it is maintained in the case record.

## II. PROCEDURE

- II.A. All personnel giving out information, requesting standards, cancelling the examination of forensic evidence, or requesting more detailed information pertaining to a case will make a record of that transaction as case correspondence in the LIMS.
- II.B. All case communication must be professional in content.
- II.C. Verbal communication records will include: who was spoken to, when the conversation occurred, a general outline of the information exchanged, and any other information the employee deems useful or necessary. If a document is generated, it will also bear the laboratory case number and the laboratory employee's signature or initials. This document must then be attached to the case record.
- II.D. When email correspondence is used, the entire email string will be documented. The record will include the sender, the recipient(s), date, and time. Email communication used in case correspondence **must** be professional in nature and stay to the point with no extraneous opinions. If a document is generated, it will also bear the laboratory case number and be attached to the case record.
- II.E. The release of verbal results will be limited to rush or urgent situations only. Verifications of any identification will be performed, if applicable, and all results must be peer reviewed prior to the verbal release. Verbal release of DNA results is governed by TCH 18.



## Forensic Sciences Command



Date of Original Issue: 12/02/96	Policy: <b>EVH 21 - Forensic Science Analysis involving an Internal Investigation within Local Law Enforcement Agencies</b> Page 1 of 1
Date of Revised Issue: 1/18/24	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-24-02	

## I. POLICY

The Forensic Sciences Command (FSC) will not conduct forensic science analysis of evidence of persons associated with an internal investigation unless requested by the appropriate states attorney's office. This policy does not apply to Illinois State Police (ISP) internal investigations, Chicago Police Department (CPD) internal investigations, or to constitutional offices such as the Secretary of State. Furthermore, the Governor's Executive Order regarding internal investigations requires only units under the Executive Branch to inform the ISP Division of Internal Investigations of any internal investigation conducted by that unit.

## II. PROCEDURE

- II.A. Forensic science analysis of evidence of persons involved in internal investigations will be accomplished upon the request of the appropriate states attorney's office. It will not be necessary for charges to be filed before testing. If the forensic scientist is requested to test evidence involving an internal investigation with a law enforcement agency that he/she serves, the Laboratory Director may allow a forensic scientist to perform internal testing from the laboratory's own area if, in the opinion of the Laboratory Director, the forensic scientist's future contact with the agency involved will not be tainted.
- II.B. A written record of the Laboratory Director's approval must be made a part of the case file. When served with an internal investigation request, the forensic scientist will inform the requestor of this policy, and if applicable, will initiate the request for another FSC laboratory to conduct the test through the appropriate chain of command.



## Forensic Sciences Command



Date of Original Issue: 12/01/98	Policy: <b>EVH 22 - Uniform Guidelines for Responding to Prosecution or Defense Requests for Pretrial Conferences and for Access to the Laboratory and Information Maintained in the Laboratory</b> Page 1 of 8
Date of Revised Issue: 08/27/25	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-25-05	

## I. POLICY

Forensic Sciences Command (FSC) Laboratory Directors are responsible for the security of all laboratory facilities/contents and operations. A portion of this responsibility is to ensure that only those individuals who have proper authorization are provided access to the laboratory and/or confidential records. From time to time, individuals who are not laboratory employees may need to have access to the facility and its records.

The following guidelines for discovery materials, pretrial conferences, access to laboratory records/materials and access to analytical areas of the laboratory are intended to ensure the safety of personnel and security of the laboratory, limit the burden placed on the laboratory, and provide procedures for attorneys to have access to case related materials. The FSC will not routinely provide the same individual repeated access to the same information maintained in Illinois State Police laboratories and will not provide information that is available to the public.

In most instances, the employee(s) that was involved in the case (e.g., chain, analysis, etc.), or who may otherwise be called to testify, will receive the request, and will be directly involved in preparing the material and/or information requested. If another individual is assigned that task, the Laboratory Director must ensure there is a mechanism to notify the appropriate employee(s) of all the material/information that was provided in response to the request, so the employee(s) is fully prepared for testimony.

In the event that it is impossible to comply with every aspect of this directive, the request in question will be forwarded to the appropriate Bureau Chief for review with other command administrators. Any court order served in contradiction with the procedure outlined below will be sent to the appropriate Bureau Chief upon receipt, for proper legal resolution.

## II. PROCEDURE

II.A. Discovery Materials

FSC personnel will provide case records upon receipt of a properly executed legitimate subpoena. A subpoena is required from anyone, i.e. prosecuting and/or defense attorneys, requesting copies of case records. Exceptions to this requirement for a specific case or situation may be made by a Bureau Chief, his/her designee, or by specific court order language.

In response to a subpoena duces tecum/court order, a written description of all materials provided will be forwarded with the materials. A copy of the description will be placed in the appropriate case record.

II.A.1. For purposes of discovery, a case record is defined as all information in the laboratory that is related to the analysis, chain of custody, and documentation of evidence received,

analyzed, reported and/or transferred regarding a specific case. The Case Record includes, but is not limited to: the Master File, all Working Files, LIMS data, instrument logs, reagent logs, manifest logs, drug standard reference books, calibration logs, control charts, instrument methods, Procedures Manuals, Policy Manuals, and any other item that is somehow referenced in a case.

- II.A.2. The Laboratory Director or his/her designee may release copies of: the original case record, analytical documentation and notes, any relevant portions of applicable manuals, the analyst's curriculum vitae, the analyst's proficiency test records, or in the case of DNA discovery, those items listed in Illinois Supreme Court Rule 417.
- II.A.3. All material tendered in response to a state of Illinois subpoena will be directed to the court. Therefore, two copies of the requested information will be provided. Federal rules governing subpoenas for the production of documents allow for documents to be delivered or mailed to the attorney issuing the subpoena. Therefore, documents in response to a subpoena received for a federal court proceeding will be sent to the requesting attorney, not the court.
- II.A.4. The Laboratory Director or his/her designee must notify the appropriate Bureau Chief when a request is received that exceeds the materials listed in II.A.2.
- II.A.5. DNA discovery requests under Illinois Supreme Court Rule 417 or other discovery requests beyond those listed in II.A.2 will be answered using a request/response format. Examples are cited in Addendum I of this policy.
- II.A.6. The Laboratory Director or his/her designee will take a case-by-case approach to determine which quality assurance records are requested in the subpoena. Once a determination has been made, the Laboratory Director or designee will then adhere to the policies below for specific quality assurance records.

II.A.6.a. Quality Issue Reports (QIRs)/Laboratory Quality Flags

- i. A QIR or Laboratory Quality Flag is determined to be associated with a particular individual if the individual's action caused the quality issue. A QIR or Laboratory Quality Flag is determined to be associated with a particular case if the case was involved in the quality issue. A QIR or Laboratory Quality Flag associated with a particular individual or case will be released if requested through subpoena or court order. If the individual is peripherally involved in a QIR or Laboratory Quality Flag (e.g., the person who discovered the issue), the quality record will not be released for that individual.
- ii. The laboratory quality manager, Laboratory Director, or his/her designee will only provide completed QIRs or Laboratory Quality Flags. Before releasing QIRs, the laboratory will verify the identified QIRs (or lack thereof) with the Director of Quality Assurance's records.
- iii. For DNA discovery requests under Illinois Supreme Court Rule 417, a completed QIR will be released with the items listed in Illinois Supreme Court Rule 417.

For all other requests, unless a QIR is specifically requested in the subpoena duces tecum, court order, or other legitimate

request, the Laboratory Director or his/her designee may release just the Quality Issue Report/Laboratory Quality Flag Notification form with the materials listed in II.A.2.

- iv. The Laboratory Director or designee will notify the appropriate Bureau Chief when a subpoena is received which involves a QIR or Laboratory Quality Flag that is not completed (e.g., only initial, and updated QIRs have been distributed). The Bureau Chief will either authorize (1) the release of the quality record or (2) the use of the following subpoena response wording: "Documentation of an issue, still under review and not yet finalized, has not been provided."

#### II.A.6.b. Proficiency Test Records

A subpoena for proficiency tests records for individuals involved in a case will be answered in a letter from the laboratory quality manager, Laboratory Director or his/her designee listing the participation/received dates of each proficiency test completed by the case analyst beginning two years prior to the date of the case analysis. Should any of the completed proficiency tests listed be associated with a Quality Flag or Quality Issue, the following wording will be used: "A Quality Issue Report or Quality Flag was associated with the results reported for this proficiency test. If necessary, appropriate corrective actions were implemented to address the issues." The actual proficiency tests can only be viewed by appointment at the laboratory.

- i. For situations covered by QM17, Appendix 17.2.21., the following wording shall be used: "The results of proficiency test XXXX were non-concordant with the manufacturer's result. The test was reviewed by laboratory quality assurance personnel, and it was determined that the results submitted by the laboratory were appropriate based upon the parameters set forth in the Firearms Procedures Manual regarding the elimination of evidence based upon individual characteristics."

#### II.B. Other Requests for Case Records

The Laboratory Director or his/her designee must notify the appropriate Bureau Chief when a request is received that has not been addressed in the policies above (e.g., another governmental agency requests a copy of the laboratory report that is not for court purposes).

If it is determined that any of the case records will be released, laboratory personnel must obtain permission from the submitting agency. This authorization must be documented and maintained in the case record.

#### II.C. Pretrial Conferences:

The following guidelines will be followed in response to a request for a pretrial conference at the laboratory.

- II.C.1. A minimum of one-week advance notice will be required by the prosecution or defense in scheduling a pretrial conference at the laboratory.
- II.C.2. At the time of scheduling, the prosecution or defense will disclose the names of who will be attending the pretrial conference and specifically the material they plan to discuss. No unscheduled persons will be allowed to be present at the pretrial conference.

II.C.3. Unless mutually agreed upon, a maximum of two hours will be allotted for a pretrial conference.

II.C.4. If copies of documents are requested at a pretrial conference, they will be made after the visit and mailed to the appropriate individuals. Copies will not be provided at the time of the visit. An exception can be made to this policy depending upon the available resources and number of copies requested.

**II.D. Access to Laboratory Records/Materials:**

II.D.1. The Laboratory Director or his/her designee must notify the appropriate Bureau Chief when a request is received to access laboratory records/materials.

II.D.2. The Laboratory Director or his/her designee must verify the identity of the requestor and his/her need to know the requested information. Access will only be provided Monday through Friday, 8:30 a.m. to 5:00 p.m.

II.D.3. The party making the request must schedule an appointment with the Laboratory Director or his/her designee at least one week in advance at a mutually agreeable time. At the time of scheduling the appointment, the party making the request must identify the following:

II.D.3.a. Specific names of the individuals planning to visit the laboratory. Individuals whose attendance is not arranged in advance will not be allowed to review documents or be present in the laboratory.

II.D.3.b. Specific materials to be reviewed during the visit.

II.D.4. The party making the request must provide the laboratory a court order containing a list of all materials beyond the case record which are to be reviewed at least five working days prior to the date of the scheduled appointment. Additional items will not be provided during the visit.

II.D.5. Unless there is a prior agreement for copies of specific documents, requested copies will be made after the visit and mailed to the appropriate individuals. Copies will not be provided at the time of the visit. An exception can be made to this policy depending upon the available resources and number of copies requested.

II.D.6. The visitors will be required to adhere to all safety and security requirements of the laboratory. These include registering at the reception desk and checking all briefcase-type containers with a designated laboratory employee before entering the reviewing room. The requesting party will only be allowed to bring those items necessary to conduct their review.

II.D.7. A designated laboratory employee will inventory all materials to be examined/reviewed before and after the requesting party reviews them. The visitor(s) will be asked to sign a receipt listing the materials afforded them during the visit. See EVH Appendix 7.

II.D.8. The Laboratory Director or his/her designee may issue a request for "reverse discovery" information regarding the qualification of the outside expert. See EVH Appendix 9.

**II.E. Access to Analytical Areas of the Laboratory:**

II.E.1. The Laboratory Director or his/her designee will notify the appropriate Bureau Chief/commander when a request is received for access to the laboratory.

II.E.2. A court order is required to authorize access to the laboratory.

- II.E.3. The command policy is to deny access to the laboratory except in situations of sample consumption (when the sample size prevents a second party from performing independent tests). The appropriate Bureau Chief/commander will authorize the contact to ISP legal for assistance. Exceptions to this policy may be granted on a case by case basis.
- II.E.4. Access will only be granted to a scientific expert. The scientific expert must be named specifically and must provide documentation of their expertise in the respective discipline.
  - II.E.4.a. For a DNA Scientific expert:
    - II.E.4.a.i. A DNA scientific expert must have at minimum college course work in DNA or have worked as a scientist in a DNA laboratory, which will not need to be specific to forensics.
    - II.E.4.a.ii. The laboratory will review the credentials of the scientific expert to determine that this individual has met these requirements. The laboratory is to make a recommendation as to whether a scientific expert has met the requirements. This recommendation and all documents will be provided to the technical leader for review and approval with a courtesy copy to the Biology Program Manager within one week of receipt.
    - II.E.4.a.iii. The results of the technical leader review must be documented in writing and provided to the laboratory with a courtesy copy to the Biology Program Manager within one week of the submitted request.
  - II.E.4.b. For all other scientific experts, the laboratory will work with the appropriate Command Coordinator or Toxicology Technical Leader.
- II.E.5. An appointment for laboratory access must be scheduled with the Laboratory Director or his/her designee at least one week in advance of the visit. The scientific expert must be named specifically. No additional persons will be allowed into the laboratory. Standard sign in procedures will be followed.
- II.E.6. The scientific expert will be accompanied by laboratory personnel at all times.
- II.E.7. The scientific expert will have laboratory access only during those times when actual sample manipulation is being conducted. The expert will wait in a non-analytical area at other times (e.g., during incubation). The expert will be asked to sign a receipt listing the analysis observed during the visit. See EVH Appendix 8.
- II.E.8. Videotaping, photography or any other electronic recording of analysis or analytical procedures is strictly prohibited.
- II.E.9. The scientific expert must follow all laboratory safety, security, and scientific protocols to include:
  - II.E.9.a. Wearing the appropriate safety equipment and following all safety procedures appropriate to the particular area of the laboratory in which the analysis is conducted.
  - II.E.9.b. Following the Clean Technique procedure in the Biology/DNA area of the laboratory.

II.E.9.c. Appropriately following laboratory protocols to ensure that no contamination of any type of evidence occurs.

■ II.E.10. The Laboratory Director or his/her designee may issue a request for “reverse discovery” information regarding the qualifications of the outside expert. The following information should be requested from an expert pertaining to his/her qualifications:

- II.E.10.a. A copy of the expert's curriculum vitae (including professional societies to which the expert belongs);
- II.E.10.b. Citations for published studies performed by the expert;
- II.E.10.c. Results of proficiency tests taken by the expert;
- II.E.10.d. Documentation of all certifications or accreditation held by the expert and/or his/her laboratory;
- II.E.10.e. List of presentations made by the expert; and
- II.E.10.f. A copy of all results obtained by the expert or reports issued by the expert if said expert performed independent analysis in this case.

## Addendum I

### Examples of Court Order/Subpoena Responses:

Request: Copies of the case record including all reports, memoranda, notes, phone logs, contamination records, and data relating to the testing performed in the case.

Response: Two complete copies of the case records are enclosed.

Request: Copies of any autoradiographs, lumigraphs, DQ Alpha Polymarker strips, PCR gel photographs and electropherograms, tabular data, electronic files and other data needed for full evaluation of DNA profiles produced and an opportunity to examine the original if requested.

Response: Copies of electropherograms are in the case records which are enclosed. Two copies of electronic data are enclosed.

Request: Copies of any record reflecting compliance with quality control guidelines or standard employed during the testing process utilized in the case.

Response: Records reflecting compliance with quality control guidelines or standards employed during the testing process are found in the case records which are enclosed. Quality control log books are maintained in the laboratory and are available for review by contacting the following individual: (Insert contact person's name and telephone number).

Request: Copies of DNA laboratory procedure manuals, DNA testing protocols, DNA quality assurance guidelines or standards, and DNA validation studies.

Response: Two copies of the DNA procedure manual containing DNA testing protocols and DNA quality assurance guidelines are enclosed. Two copies of the ISP DNA validation studies in electronic format are enclosed.

Request: Proficiency testing results, proof of continuing professional education, current *curriculum vitae* and job description for examiners or analysts and technicians involved in testing and analysis of DNA evidence in the case.

Response: A list of proficiency testing is enclosed. Two copies of the *curriculum vitae* are enclosed. Copies of job descriptions are enclosed.

Request: Reports explaining any discrepancies in the testing, observed defects or laboratory errors in the particular case, as well as the reasons for those and effects thereof.

Response: No discrepancies in the testing, observed defects or laboratory errors occurred in the case. (If a discrepancy occurred, the QIR/Laboratory Quality Flag Notification Form and/or completed Incident Documentation Form should be provided.)

Request: Copies of all chain of custody documents for each item of evidence subjected to DNA testing.

Response: Copies of appropriate evidence receipts are enclosed.

Request: A statement by the testing laboratory setting forth the method used to calculate the statistical probabilities in the case.

Response: This information can be found in copies of the procedure manual which are enclosed.

Request: Copies of the allele frequencies or database for each locus examined.

Response: This information can be found in copies of the procedure manual which are enclosed.

Request: A list of all commercial or in-house software programs used in the DNA testing including the name of the software program, manufacturer and version used in the case.

Response: This information can be found in copies of the procedure manual which are enclosed.

Request: Copies of all DNA laboratory audits relating to the laboratory performing the particular tests.

Response: Two copies of the laboratory audit certificate are enclosed. Laboratory audit documents are maintained at the laboratory and are available for review by contacting the following individual: (insert contact person's name and telephone number).



## Forensic Sciences Command



Date of Original Issue: 03/15/00	Policy: <b>EVH 23 - Uniform Guidelines for Mailing Evidence</b> Page 1 of 2
Date of Revised Issue: 08/13/25	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-25-03	

## I. POLICY

The Laboratory Directors are responsible for the protection of all laboratory facilities and their contents. Part of this responsibility is to ensure that evidence is mailed from one location to another in the safest manner possible and that the appropriate follow-up measures are taken. The following minimum guidelines are not only intended to address this concern, but are also intended to facilitate the evidence transfer process and provide a procedure for the laboratory staff to follow when sending evidence from one location to another.

## II. PROCEDURE

II.A. All evidence (worked and unworked) shipped from an Illinois State Police (ISP) Forensic Sciences Command Laboratory must be mailed via United States Postal Service (USPS) or the current contractual carrier (e.g., FedEx, United Parcel Service/UPS, etc.). Firearms cases will be addressed as outlined in II.C., below. The shipping service must provide documentation and detailed tracking of the package between each person that handles the package. The shipping service must provide to the office/laboratory that is shipping the package proof that the package was delivered, when it was delivered, and the signature of the person receiving the package.

II.B. Any person who ships evidence from an ISP Forensic Sciences Command Laboratory is required to confirm receipt of said evidence within the expected delivery time frame. The confirmation must include the address of the delivery and other delivery details (e.g. name of the person signing for the package). The confirmation must be attached as a PDF to the transfer record on the Custody History in LIMS by COB of the expected delivery date. The direct supervisor is responsible to ensure the documentation is complete. If the person who shipped the evidence is not available, their direct supervisor is responsible for attaching the confirmation.

II.C. The United States Postal Regulations regarding the mailing of firearms evidence are included in the appendix (see EVH Appendix 10) and incorporated by reference.

Shipping guidelines for firearms:

II.C.1. Unloaded firearms may be mailed using Registered US Mail, Return Receipt Requested if sent by a police agency to a police agency; however, no live ammunition may be sent through the US Mail.

II.C.2. Cases containing live ammunition must be sent via current contractual carrier (e.g., UPS, FedEx, etc.).

II.C.3. Handguns must be sent via current contractual carrier, priority shipping (e.g., UPS Next Day Air Service, FedEx Priority, etc.).

II.C.4. Long guns may be sent via current contractual carrier (e.g., UPS Ground Trac, UPS Next Day Air Service, FedEx Ground, FedEx Priority, etc.).

All regulations for safe transport of materials set by the carrier will be followed.

- II.D. When a laboratory sends evidence as described in II.A., the packaging/parcel will include a list or manifest with the agency case number(s) and/or laboratory case number(s). This procedure must be used when evidence is mailed to a criminal justice agency.
- II.E. When mailing evidence to another ISP laboratory, the procedures in EVH 29 must be followed.



Date of Original Issue: 02/04/97	Policy: <b>EVH 24 - Destruction of Firearms Reference Collection Weapons/Loaning of Reference Collection Weapons to Law Enforcement Agencies</b> Page 1 of 2
Date of Revised Issue: 1/10/19	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-19-02	

## I. POLICY

This directive will serve to specify the destruction procedure to be followed for a firearm which has been transferred to the Forensic Sciences Command (FSC), whether it has been ordered destroyed by the Court or is deemed no longer needed in the laboratory firearm reference library. It also specifies the policy used when loaning a firearm from the Command's reference collection to a law enforcement agency.

## II. DEFINITION

The destruction of a firearm is defined as destroying the frame or receiver and any component part thereof having a serial number. The serial number must be verified and documented (initialed) by another forensic scientist. Other parts may be retained and utilized within the laboratory system at the discretion of each Laboratory Director.

## III. PROCEDURE

- III.A. Firearms transferred to the Forensic Sciences Command under a court order of destruction will be destroyed within 6 months of receipt of the court order unless an extension is granted by the Assistant Division Evidence Custodian (ADEC) at the laboratory. The Division of Forensic Services (DFS) has designated each Laboratory Director an ADEC. All destructions will be carried out by the Laboratory Director or his designee and will be witnessed by another FSC employee assigned by the Laboratory Director. If, however, a particular firearm is deemed to be a valuable addition to the laboratory reference (collection) library, the Laboratory Director or designee may elect to solicit the judge of record to so change the original order.
- III.B. No firearms are to be destroyed unless approval has been granted by the Assistant Division Evidence Custodian (ADEC) at the laboratory. Documentation indicating what firearms are going to be destroyed and the approval to destroy must be maintained at the laboratory. Destruction will be by melting, cutting or other means which make the firearm permanently unworkable. Firearms donated under a court order giving the agency an option to use or destroy a weapon are not considered, for purposes of this directive, to be "ordered destroyed."
- III.C. The Laboratory Director is responsible for assigning a witness(es) to observe the destruction. Proper documentation on the "receipt of firearms" form will be made subsequent to destruction of all firearms or parts thereof. Proper documentation includes date, method of destruction, location

destroyed and signatures of appropriate personnel at the bottom of the receipt form. These forms will be maintained permanently with other reference firearms receipts.

- III.D. Employees of the FSC will not retain for personal use any firearm or firearm parts submitted to the laboratory system.
- III.E. Occasionally another unit within the Illinois State Police (ISP) or another law enforcement agency may request to use firearms from a laboratory's reference collection. Agencies generally request a firearm for training purposes, but may need a weapon for other purposes. If possible, all valid requests will be honored. However, accountability of the firearm must be maintained and verification of the request is necessary for laboratory files. The "Intra-Departmental Firearm Release" form (EVH Appendix 11) will be completed prior to releasing the firearm to another ISP entity. The "Inter-Departmental Firearm Release" form (EVH Appendix 12) will be used for transfers to all other law enforcement agencies.



## Forensic Sciences Command



Date of Original Issue: 03/01/99	Policy: <b>EVH 25 - Evidence Audit of Departing Forensic Scientists/Evidence Technicians</b> Page 1 of 1
Date of Revised Issue: 07/20/23	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-23-02	

**I. POLICY**

When a forensic scientist or evidence technician who handles evidence is departing a laboratory (by transfer, resignation, retirement, etc.), or is reassigned or transferred to another section, a complete audit of evidence items in his/her custody, and still remaining in the laboratory, will be conducted prior to her/his departure.

**II. PROCEDURE**

- II.A. The audit will be conducted by the Laboratory Director or his/her designee.
- II.B. Results of the audit will be reported to the Division Evidence Custodian located at Command Headquarters.
- II.C. The report will be signed by both the auditor and the forensic scientist/evidence technician, and issued before the forensic scientist/evidence technician departs. The report will contain the resolution or a plan of action for the resolution of any discrepancies noted during the audit.
- II.D. Upon completion of the audit, access to the evidence by the forensic scientist/evidence technician will only be with the approval of laboratory management.



## Forensic Sciences Command



Date of Original Issue: 04/03/00	Policy: <b>EVH 26 - Submission of Micro/Trace Evidence, Collection and Preservation of Trace Particulate Evidence in Multi-Section Cases</b> Page 1 of 2
Date of Revised Issue: 08/15/23 Revision Transmittal Number: T-23-03	Compliant with ISO 17025 standards and the ANAB accreditation requirements.

## I. POLICY

Trace chemistry evidence, microscopy evidence and multi-section case evidence will continue to be received and signed-in at all Forensic Sciences Command laboratories unless other arrangements have been approved by the Commander. Procedures for each class of evidence are described below.

## II. DISCUSSION

In order for the Forensic Sciences Command to continue to expedite trace chemistry and microscopy evidence casework, the following policy and procedures will be followed by all Command Forensic Science laboratories. Services provided by region and specialization of trace chemical and microscopic services will permit the delivery of analytical findings to all user agencies in a timely manner.

## III. PROCEDURE

## III.A. Trace Chemistry Evidence

III.A.1. If the requested analytical service is not available at the original receiving laboratory, that laboratory will send the evidence to the nearest command laboratory which conducts that particular examination.

III.A.2. Laboratories with Trace Chemistry analytical services:

III.A.2.a. Forensic Science Center at Chicago: Fire debris, paint, paint data query (PDQ), physical match, and primer gunshot residue.

III.A.2.b. Metro-East Forensic Science Laboratory: Fire debris and physical match.

## III.B. Microscopy Evidence

III.B.1. Microscopic evidence will continue to be received and signed-in at all Command Forensic Science laboratories. If the requested analytical services are not available, the originating laboratory will forward the evidence to the Forensic Science Center at Chicago (FSC-C).

III.B.2. The FSC-C performs the following microscopic analysis: Hair Identification, fibers, physical match, fabric impressions, tape, and unknown particulates.

## III.C. Multi-Section Cases

III.C.1. Multi-section cases are cases which involve examination by more than one analytical section. Multi-section cases will continue to be signed in at all Command Forensic Science laboratories. If the submitting agency requests that the evidence be examined for specific trace or microscopic particulates, the following guidelines will assist the initial analyst in the collection and preservation of that evidence.

**CAUTION: If DNA analysis is required, those items will go to the Biology Section first except in those instances where fire debris analysis is also requested. Due to the nature of fire debris evidence, these items will be analyzed for ignitable liquids prior to going to the Biology Section. The fire debris analyst will utilize clean technique and use extraction techniques that will not compromise the DNA evidence. All exceptions to this policy must be approved on a case-by-case basis by the Laboratory Director or his/her designee.**

- III.C.1.a. The initial analyst has the responsibility to assess the evidence and review any request to determine the best possible means of collecting particulate evidence. This determination may include talking to the submitting agency to learn the details of the case.
- III.C.1.b. If necessary, the initial analyst will contact the sections involved for consultation before beginning any analytical procedure if the collection procedure is in doubt or if the collection procedure will physically alter the submitted evidence. For example, paint smears on bloody clothes may involve a consultation between a Micro/Trace analyst and a Biology analyst.
- III.C.1.c. General guidelines describing the collection of trace particulate evidence see "General Guidelines for Collecting Trace Particulate Evidence" (EVH Appendix 13).
- III.C.1.d. Paper packets or pill boxes will be used to preserve scrapings or picked particulates. If tapings are submitted, and they are packaged separately from the parent item, they are to be placed into an appropriate evidence package and properly sealed.
- III.C.1.e. Report writing will be kept simple following current approved report writing guidelines.

## III.D. General

III.D.1. All analysts examining evidence items for trace particulate evidence will follow current procedures for taping, scraping, and picking of items such as clothing, sheets, rugs, and blankets. The chairpersons of the Micro/Trace and Biology Command Advisory Boards (CAB) will ensure that collection procedures are reviewed periodically and any recommendations for changes submitted to Command (as per RES 2) for approval and addition to the section procedures manuals.



## Forensic Sciences Command

Date of Original Issue: 07/21/00	Policy: <b>EVH 28 - Prioritization of Casework</b> Page 1 of 1
Date of Revised Issue: 01/18/24	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-24-02	

## I. POLICY

It is the policy of the Forensic Sciences Command to work cases in a timely manner to meet the needs of the user agencies.

## II. PROCEDURE

II.A. Upon receipt of the case, the analyst or evidence technician will enter the case in either their individual backlog or section backlog. In general, crimes against persons cases will be analyzed before property crime cases.

II.A.1. Any case of a priority nature will be noted on the backlog listing. Every effort to meet requested report/analysis dates will be made by the laboratory.

II.A.2. The first priority will be to meet all established court dates, and the second priority is to meet major or high profile case requests. Missing person and unidentified human (remains) cases will be worked as a priority case. Conflicts which arise involving priorities will be resolved by laboratory management.

II.B. High priority cases will be reported to laboratory management by the analyst or evidence technician upon receipt of the case into the laboratory.

II.B.1. It is the responsibility of the case analyst to ensure answers to all pertinent questions are given and that reporting/analysis deadlines are met.

II.B.2. Any potential problem in meeting reporting analysis deadlines must be immediately reported to management.



Date of Original Issue: 10/01/96	Policy: <b>EVH 29 - Case Transfers</b> Page 1 of 2
Date of Revised Issue: 04/07/20	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-20-02	

## I. POLICY

The Forensic Sciences Command (FSC) will consider transferring cases from one laboratory to another for a number of reasons, including backlog distribution and availability of services. With the implementation of the Laboratory Information Management System (LIMS) in all the FSC laboratories, consistent procedures will aid case transfer between FSC laboratories as well as the return of transferred cases back to the submitting agency. The originating laboratory is defined as the laboratory at which the evidence is first submitted; the alpha designator on the item label reflects the location the evidence was received. The receiving laboratory is defined as the laboratory to which a case is transferred by the originating laboratory.

## II. PROCEDURE

II.A. When shipping evidence, proper containers, markings, and carriers must be used to maintain the integrity of the evidence and ensure proper and expedient delivery.

II.A.1. All evidence will be properly packaged and sealed. The outside of the package will be clearly marked with the receiving laboratory's address and marked to the attention of a specific person. If the package contains an interior box, this box should also be clearly marked with the intended receiving laboratory and the return address in the event the outer package/wrapping is destroyed or obliterated.

II.A.2. All evidence that is shipped will be done following the guidelines of EVH 23. However, in some cases, it may be advantageous for expediency and/or to ensure the security of the evidence to deliver the evidence in person and transfer hand-to-hand. This action may be done with appropriate laboratory director approval.

II.A.3. Registered mail and/or other carrier information which clearly identifies the routing information for the case will be entered into the LIMS.

II.A.4. Items from more than one case can be shipped in a container and items for multiple sections can be shipped in a single physical container (e.g. shipping box). A transfer manifest will be included listing all the items being transferred. A separate manifest (LIMS container) will be created for each section.

II.B. All originating laboratories must use the LIMS transfer feature for case transfers, including quality assurance cases. The following steps must be taken to ensure consistency in information being transferred:

II.B.1. Laboratories must enter an accurate, minimal description of the items being transferred, not just the container (e.g., a bag containing two red socks).

- II.B.2. A LIMS transfer manifest will be generated even if only one case is being transferred.
- II.B.3. A separate LIMS transfer manifest must be created for each section.
- II.B.4. On occasion, a courier may be used to transfer the evidence.
  - II.B.4.a A courier is an ISP employee that transports the sealed package or container. They are considered a custodian of the evidence (i.e., in the chain of custody); however, since this is tracked in LIMS the courier is not required to mark/initial each individual piece of evidence.
  - II.B.4.b The person transferring the box must initiate the transfer in LIMS.
  - II.B.4.c The person receiving the box must complete the transfer in LIMS.
- II.C. Evidence return will occur to either the originating location or directly to the submitting agency. When returning evidence by mail, EVH 23 must be followed. Additionally, the following will apply to cases transferred:
  - II.C.1. Evidence will be returned to the submitting agency unless other arrangements have been made. All transferred Chicago Police Department (CPD) and Cook County State's Attorney (26<sup>th</sup> and California) evidence will be returned to the Forensic Science Center at Chicago (FSC-C) laboratory.
  - II.C.2. All worked evidence being returned to the originating location will be sent in a LIMS container.



## Forensic Sciences Command



Date of Original Issue: 08/30/02	Policy: <b>EVH 30 - Evidence Storage</b> Page 1 of 1
Date of Revised Issue: 08/18/25	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-25-04	

## I. POLICY

It is the policy of the Forensic Sciences Command to maintain the integrity of evidence in storage before or after analysis of the evidence.

## II. PROCEDURES

- II.A. Unworked evidence - Prior to being worked, the evidence will be maintained in a sealed condition in either vaults or secured storage areas.
- II.B. Worked evidence - Worked evidence will be placed in an evidence vault in a sealed condition.
- II.C. Convenience packages – Convenience packages may be used to facilitate the storage of multiple items of evidence. These packages must be clearly marked as convenience packages and be labeled with the case number(s) for items inside. All individual items within must be properly sealed and marked. The convenience packages do not have to meet the requirements for evidence seals, but the packages must be able to be closed or covered to prevent items from accidentally falling into or out of the package. Repackaging added to the interior of an evidence item does not constitute convenience packaging.
- II.D. Case Container - Items from one case can be placed in a single package and tracked via a single barcode. Items within a Case Container must be barcoded items. The Case Container must be physically sealed.
- II.E. Bulk Container - Items and Case Containers from multiple cases can be placed in a package in order to move all items with a single barcode.
- II.F. When evidence needs to be stored or conditioned under specified environmental conditions, these conditions will be specified in the procedure's manuals. In addition, the procedures manual will specify the monitoring process, frequency of checks, documentation, and course of action if the environmental conditions cannot be maintained.



Date of Original Issue: 04/18/03	Policy: <b>EVH 31 - Laboratory Reports and Case Documentation</b> Page 1 of 3
Date of Revised Issue: 07/20/23	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-23-02	

## I. POLICY

In order to be uniform in disseminating information to user agencies, a standard format and content for laboratory reports is established. The laboratory is responsible for all the information provided in the report, except when data affecting the laboratory analysis is provided by the customer, which will be noted when necessary on the report.

## II. DEFINITIONS

- II.A. Laboratory report/notes packet: The medium for sending the results of all analytical testing and conclusions to the submitting agency and any agencies they designate. This includes the laboratory notes packet as an appendix. Each report will be numbered in the order they are approved.
- II.B. Amended Laboratory report/notes packet: A change to a previously issued laboratory report/notes packet either because a change in wording is necessary for clarification, to change erroneous information, typographical/administrative corrections, or to provide improved, more accurate information.

Each report bears a unique identifying report number, date of issue, and the analyst's authorized signature.

## III. PROCEDURE

- III.A. Reports will be issued at the conclusion of analytical work. An email notification will be sent to the investigating agency, and the laboratory report/notes packet will be available on the Prelog site of LIMS. The following format/content will be included, at a minimum.

- III.A.1. Title (i.e., Laboratory Report) including the laboratory and address of testing.
- III.A.2. Date of Report
- III.A.3. Agency Name/Address
- III.A.4. Laboratory Case Number
- III.A.5. Report Number
- III.A.6. Agency Case Number
- III.A.7. Offense (if provided by the Agency in Prelog or subsequent communication)
- III.A.8. Suspect (if provided by the Agency in Prelog or subsequent communication)
- III.A.9. Victim (if provided by the Agency in Prelog or subsequent communication)
- III.A.10. Item Number
- III.A.11. Evidence Description
- III.A.12. Results/Conclusions – tested or calibrated items will be the only source for opinions and interpretations on the report.
- III.A.13. A statement of accreditation, see IV below.
- III.A.14. All items on a service request will be on the section's report.
- III.A.15. Closing/Signature Block - will denote the end of the report (excluding attachments).
- III.A.16. Notes packet appendix, which includes:
  - III.A.16.a. The method used.
  - III.A.16.b. The date of receipt of the items, including the date of sampling where it is critical to the validity and application of results.

- III.A.16.c. The start date and end date of the laboratory testing activity.
- III.A.17. Information regarding the extent and frequency of individual characteristic database searches (e.g., CODIS, ABIS, NIBIN).
- III.A.18. Evidence disposition statement, unless explicitly stated in the notes appendix.
- III.B. The first page of the report will be printed on laboratory letterhead, with the following pages to be numbered sequentially.
- III.C. The laboratory case number and report number will appear on each page of the laboratory report.
- III.D. Items such as requests, notes, evidence disposition, and paginated attachment(s) will be added to reports as is necessary.
- III.E. Conclusions made in laboratory reports will be supported by the analytical notes made by each analyst/examiner during analysis of the submitted evidence.
  - III.E.1. Analytical notes packet will contain the following information:
    - III.E.1.a. Identification of the method used.
    - III.E.1.b. Condition of the item tested.
    - III.E.1.c. Dates when testing occurred.
    - III.E.1.d. All data recorded in matrix panels or modules in LIMS.
    - III.E.1.e. All instrumental data obtained from testing.
    - III.E.1.f. Images used for documentation. All case images are securely retained and available upon request.
    - III.E.1.g. Sources (websites, books, journals, etc.) used to support analytical notes. Books and journals used as sources must be appropriately cited within the notes (i.e. book/journal/article title, publication date, etc.). For webpages, a copy of the source (e.g. PDF) must be uploaded into LIMS. The date the webpage was accessed, URL, etc. must also be documented in the analytical notes packet.
  - III.E.2. Analytical notes packet, when applicable or appropriate, will contain the following information:
    - III.E.2.a. Deviations from standard test methods and, if appropriate, a technical justification, authorization, and documentation of agency contact to inform them of the deviation.
    - III.E.2.b. Non-compliance with requested tests or services.
    - III.E.2.c. Uncertainty of measurements.
      - III.E.2.c.1. The reported measurement uncertainty shall:
        - a. be included in the report when it impacts the evaluation of a specification limit stated by a regulatory body, a statute, case law, or other requirement;
        - b. include the measured quantity value  $y$ , along with the associated expanded uncertainty  $U$ , and the coverage probability;
        - c. be in the format of  $y \pm U$ ;
        - d. be limited to at most two significant digits, unless there is a documented rationale for reporting additional significant digits; and
        - e. be reported to the same level of significance (i.e., same number of decimal places or digits) as the measurement result.
      - III.E.2.d. Interpretations, conclusions, and opinions.
      - III.E.2.e. Additional information that is required by approved methods or the submitting agency.

- III.E.2.f. Sampling of the analytical materials which may include, when relevant, sampling, method used, date and time of the sampling, unique description of the item (e.g. number, amount, name), personnel performing sampling, identification of the equipment used, environmental or transport conditions, diagrams or other equivalent means to identify the sampling locations, when appropriate, deviations, additions to, or exclusions from the sampling method and the sampling plan.
- III.E.3. The information contained in the analytical notes may be included in the laboratory report when appropriate or necessary for interpretation purposes.
- III.F. Results/conclusions from comparisons to analytical databases (i.e., ABIS, NIBIN, and CODIS) performed after the issuance of the original report will be reported in a laboratory report in the event of a new positive identification or correlation.
- III.G. Reports may be issued electronically (facsimile, electronic mail) once the requestor of the report has been verified as a proper individual to receive the report. The transmission will be documented in the case record.
- III.H. There may be occasions when a report is not necessary, e.g., a case is adjudicated before the work is completed or the client cancels a request for work before it is completed. In all instances, the reason for not producing a report will be documented in the case file.

IV. Statements Regarding Accreditation on Laboratory Reports

- IV.A. For laboratory reports providing results of testing that falls under the laboratory's Scope of Accreditation, a statement of accreditation will be utilized (III.A.13.).
- IV.B. In the unlikely event that a laboratory issues a report regarding results of testing that falls outside the laboratory's Scope of Accreditation, the statement listed in III.A.13. will be removed, and the agency shall be notified that the testing is outside the laboratory's Scope of Accreditation.

V. Courtesy Copies of Laboratory Reports

- V.A. Laboratory reports will not be courtesy copied to another agency without documented permission from the submitting agency, unless required by law.
- V.B. Pursuant to 725 ILCS 202/15, if a DNA profile from submitted sexual assault evidence is consistent with a known standard from a suspect or with DNA profiles in the CODIS database the laboratory will provide an automatic courtesy copy of the laboratory report to the appropriate State's Attorney's Office.

VI. Amended Reports/Notes Packet

- VI.A. A case may be amended to either update the laboratory report or the notes packet appendix.
- VI.B. All amended reports will be approved, and the report reset in LIMS by a member of laboratory management.
- VI.C. All amended reports/notes packets will be uniquely identified, contain a statement on the report clearly identifying the change in information, the reason for the change, and reference the original report that it replaces.
- VI.D. Upon completion of the technical review of the amended case, laboratory management will perform the administrative review of the case prior to releasing the updated information to the agency.



Date of Original Issue: 08/01/03	Policy: <b>EVH 32 Consumption of Evidence</b> Page 1 of 2
Date of Revised Issue: 08/18/25	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-25-04	

## I. POLICY

This policy addresses the consumption of evidence in situations when there is limited sample to be analyzed. The necessity to consume a sample is not limited to one type of analysis or one specific analytical section.

## II. DEFINITION

For the purpose of this policy, “consumption” means the anticipated amount of evidence sample required to obtain a useable result may leave an insufficient amount of the evidence sample for any subsequent analysis.

An example, specific to biological evidence in the Forensic Biology/DNA section, would be using the entire portion of a sample recovered from an item of evidence (e.g. a sub-item). It is not considered consumption if additional stain remains on the parent item or if the parent item can reasonably be expected to be sampled again in a similar manner.

## III. PROCEDURE

III.A. Testing of evidence should be conducted in such a manner as to provide the maximum amount of information while consuming the least amount of evidence. When feasible, a portion of the original evidence should be preserved for return to the submitting agency.

III.B. In those instances when evidence samples must be consumed during analysis, the following procedures will be followed. All notifications and authorizations must be documented appropriately in the Laboratory Information Management System (LIMS).

III.B.1. For cases with an assigned prosecuting attorney, where a suspect is identified, if there is a high probability an evidentiary sample will be consumed during analysis, the following procedures will be followed:

III.B.1.a. Analysis of a DNA, Toxicology, or Trace Chemistry sample will occur, only after the prosecuting attorney is notified of the consumption issue and authorization to consume the sample is obtained from the prosecuting attorney.

III.B.1.b. Analysis of a sample from a forensic discipline other than those sections outlined in III.B.1.a. will occur only after the prosecuting attorney has been notified of the consumption issue and the prosecuting attorney did not request the analysis be delayed.

III.B.2. For cases with no assigned prosecuting attorney, with or without an identified suspect, if there is a high probability an evidentiary sample will be consumed during analysis, the following procedures will be followed:

- III.B.2.a. Analysis of a DNA, Toxicology, or Trace Chemistry sample will occur only after the investigating agency is notified of the consumption issue and authorization is obtained from the investigating agency.
- III.B.2.b. Analysis of a sample from a forensic discipline other than those sections outlined in III.B.2.a. will occur, only after the investigating agency has been notified of the consumption issue and the investigating agency did not request that analysis be delayed.

III.B.3. For all cases that require sample consumption the analytical report must indicate that the sample was consumed in analysis.



Illinois State Police

Division of Forensic Services



Forensic Sciences Command

Date of Original Issue: 12/16/04	Policy: <b>EVH 33 - Outsourcing of Cases</b> Page 1 of 2
Date of Revised Issue: 12/21/21	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-21-10	

## I. POLICY

The Forensic Sciences Command will send casework to outside laboratories for analysis as situations warrant. Instances where outsourcing may occur would include, but not be limited to, high backlog situations, need of further expertise, or to provide an analysis not conducted by the Forensic Sciences Command. Work will be sent to a competent subcontractor as determined by the Forensic Sciences Command, and in accordance with the Illinois Procurement Code (30 ILCS 500), Article 50 – Procurement Ethics and Disclosure. At a minimum, the subcontractor for DNA analysis must meet all the requirements of the FBI Quality Assurance Standards document. This policy does not include situations, such as paternity testing, in which the forensic analysis is performed by the Illinois State Police (ISP) and the results are sent out for interpretation by an outside laboratory/vendor.

## II. PROCEDURE

A. Analysis conducted will be agreed upon either by interagency agreements, or by contractual agreement with the private vendor. Analysis protocols will be specified within the contract. These vendor protocols may vary from Illinois State Police protocols. The Forensic Sciences Command will monitor the subcontractor laboratories by any of the following methods:

- reviewing performance on proficiency tests,
- reviewing recent audits of the laboratory,
- conducting audits of their facilities/operations, or
- use of quality assurance samples mixed in with the actual casework.

B. Data Review for DNA Case Files:

The following timelines will be strictly adhered to in order to ensure the proper disposition of all outsourced DNA cases. Any exception to the timelines must receive approval from the Laboratory Director or his/her designee.

Within no more than 14 days of receipt of all necessary data (CMF Files, Controls, Electropherograms, Written Reports) from the outsourcing vendor all appropriate controls will be verified, and all suitable DNA profiles reviewed and uploaded into CODIS and report issued.

If a report is delayed in being issued, the reason must be documented in LIMS (e.g., vendor casefile correction necessary, amended vendor report needed, etc.)

C. A copy of the subcontractor's laboratory report, which contains the name, address, and phone number of the subcontractor, will be forwarded to the submitting agency along with a cover letter from the ISP Laboratory.

- D. Specific cases to be sent will be selected by the Laboratory Director, or his/her designee, and will follow guidelines based on the current outsourcing contract. Generally, the following cases are not to be selected for outsourcing: those with a “rush” request, high profile cases and/or those with high-media interest, cases with short court deadlines, and cases with immediate investigative needs (i.e., suspected serial crimes).
- E. In accordance with Illinois statute, prior to outsourcing any case for forensic analysis, written consent of the appropriate prosecuting agency (i.e., State’s Attorney Office, Attorney General’s Office, etc.) must be obtained, unless exempted by statute. For Command wide outsourcing initiatives, the FB/DNA Program Manager will maintain a copy of the authorization in a centralized location. For individual requests, a copy of the authorization must be included in the case file.



## Forensic Sciences Command

Date of Original Issue: 04/25/12	Policy: <b>EVH 34 - Case Acceptance for Processing Electronic/Digital Evidence</b> Page 1 of 2
Date of Revised Issue: 04/15/16	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-16-04	

## I. POLICY

The procedure for processing electronic/digital evidence is outlined below. The general protocol for digital evidence examined by the Illinois State Police (ISP), Computer Evidence Recovery Unit (CERU) is outlined in ISP Directive OPS 202, Evidence Collecting and Packaging Digital Evidence. Specific guidelines for forensic evidence on digital items are described in paragraphs II.E.2. and II.E.3.

## II. DISCUSSION

Both types of digital media devices – those that do not require any type of insertion into a host device (including computer towers, laptop computers, cell phones, gaming consoles, GPS devices, or any other self-contained/sealed type of device) and those digital media items that do require insertion into a computer, cell phone, laptop or any other such host digital media device (including compact discs (CD), digital video discs (DVD, SIM cards, flash cards, memory cards, thumb drives, or any other similar type items) should be examined by CERU prior to submission to the Forensic Sciences Command (FSC) laboratory. All information required by the CERU should be recovered from the items at this time. The police agency may then submit the evidence to the FSC laboratory for latent print analysis. The evidence will be analyzed following documented procedures, which have the potential to destroy both the functionality of the evidence and any data it may contain. In the event that the item requires examination for trace evidence, police agency investigators and the FSC laboratory personnel must first discuss the evidence with the CERU prior to any analysis by either department.

## III. PROCEDURE

III.A. If a FSC laboratory receives an agency request to examine child pornography evidence, or other digital evidence, laboratory personnel will direct the agency to call 217-557-0205, the CERU Supervisor as point of contact for the examination.

III.B. The police agency is responsible for driving the evidence to the CERU at the ISP Central Headquarters, 801 South Seventh Street, Springfield, Illinois. The agency is also responsible for retrieving the evidence after examination is complete. Child pornography evidence cannot be mailed, or sent via FedEx or UPS, as such action would be considered distribution of child pornography. Police agencies and forensic science laboratories are not exempt from this restriction. The CERU will not accept evidence via these methods.

- II.B.1. If trace analysis is first required and has been discussed with CERU and FSC laboratory personnel, the agency is to submit the evidence to its local laboratory for processing. After that analysis is complete, the agency will then retrieve the evidence and drive it to the CERU for further analysis.
- II.B.2. If the CERU directs the agency to bring the evidence to the CERU first, after the CERU has completed its examination, the agency would retrieve the evidence for submission to the FSC laboratory for further forensic analysis. Once analysis by CERU is completed, the evidence may be transported back to the FSC laboratory for latent print analysis if it is required.
- III.C. Agency contact with the CERU is critical as the CERU staff will need to determine how to handle the digital evidence when examination is required prior to latent print or other forensic analysis. CERU staff would have to wear gloves and be as careful as possible when handling evidence to not destroy any latent print evidence. Elimination prints are required if anyone handles the evidence without using gloves.
- III.D. Submission of evidence to the CERU requires the forwarding of completed ISP CERU Request for Computer/Digital/Mobil Forensic Examination form. The submission of evidence also requires the forwarding of a search warrant or Consent to Search form authorizing the search and seizure of evidence. All agencies may utilize the ISP Consent to Search (Electronic/Digital Media) form. Local agencies may choose to utilize their own agency Consent to Search form; however, a caveat is that their form must include language providing the "Illinois State Police" or "any other law enforcement agency" consent to search and seize the evidence. Both ISP forms may be obtained on the Internet at the ISP Document Library: <http://maphome/documentlibrary/doclibrary.cfm>.



## Forensic Sciences Command

Date of Original Issue: 08/01/13	Policy: <b>EVH 35 – No Match Policy</b> Page 1 of 1
Date of Revised Issue: 01/18/24	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-24-02	

### I. POLICY

The Forensic Sciences Command will maintain compliance with Federal Law 42 U.S.C. § 14132 and NDIS Operational Procedure regarding the release of CODIS associations that are not confirmed as matches and for which no personally identifiable information is released. These associations are also known as a “No Match”. NDIS Operational Procedure: Access by Defendant to DNA Records at NDIS and Federal Law 42 U.S.C. § 14132 does not allow the release of “No Matches” for criminal defense purposes or discovery.

### II. TERMS AND ABBREVIATIONS

II.A. CODIS – Combined DNA Index System

II.B. “No Match” – An association made in CODIS that is not confirmed as a match and for which no personally identifiable information is released. A “No Match” is a coincidental association made by the software that is confirmed as not matching by a qualified analyst.

II.C. NDIS – National DNA Index System

### III. PROCEDURE

III.A. For all current cases, “No matches” will not be included in the case file.

III.B. Files to be released will be reviewed to ensure that CODIS Match Reports and other information for “No Matches” are not released, with the exception of III.C below.

III.B.1. If there is any “No Match” documentation in the file, these documents will not be released, but will remain in the DNA case file.

III.B.2. A note will be placed on the cover sheet documenting the pages that were omitted from the released information. e.g., “On mm/dd/yy, pages 50-55 were omitted from the discovery/subpoena duces tecum/etc. per NDIS Operational Procedure: Access by Defendant to DNA Records at NDIS and the Federal DNA Identification Act.”

III.C. Should the laboratory receive a valid court order for the release of the “No Match” documentation and there is no pending appeal of the court order, the information will be released. A copy of the court order will be included in the case file to support this action.



## Forensic Sciences Command

Date of Original Issue: 04/25/14	Policy: <b>EVH 36 –Electronic Worksheet Template Policy</b> Page 1 of 2
Date of Revised Issue: 08/18/25	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-25-04	

I. **POLICY**

The Forensic Sciences Command will establish and maintain procedures for creating, storing, and maintaining electronic worksheet templates.

II. **DISCUSSION**

The Forensic Sciences Command has well established policies on creating and handling handwritten worksheets and note taking. This policy covers the use, storage, and control of electronic worksheet templates.

III. **DEFINITIONS**

III.A. **Electronic Worksheet Template** – An approved software form or frame that provides a basis for the electronic worksheet.

III.B. **Calculated Field** – A field in an electronic worksheet template that performs a mathematical calculation based on data that is entered in other fields.

IV. **PROCEDURES**IV.A. **Controls:**

IV.A.1. All electronic worksheet templates are considered controlled, and changes must be approved (see Quality Manual policy QM-4 Document Control).

IV.A.2. Command wide electronic worksheet templates are controlled at the Command level.

IV.A.3. Laboratory specific electronic worksheet templates are controlled at the laboratory level and are in the individual laboratory Facility Operations Manual (FOM).

IV.B. Only approved worksheet templates may be used.

IV.C. Approved electronic worksheet templates will be stored in the Laboratory Information Management System (LIMS).

IV.D. All software licensing agreements for both system and clients must be followed.

IV.E. Testing:

IV.E.1. Prior to implementation, self-populating fields on the electronic worksheet template will be reviewed to ensure they are functioning as expected and are displaying correctly, e.g., case number, examiner name, page number, reference images, etc.

IV.E.2. Prior to implementation, calculated fields on the electronic worksheet template will be tested to ensure they are accurately calculating the proper value.

IV.E.3. Calculated fields will be retested anytime there is a version change.

IV.E.4. For command-wide electronic worksheet templates, testing will be conducted by a Command designee and will be documented in a section memo.

IV.F. Worksheet Back-Up

IV.F.1. In the event the LIMS is not available and restoration time is unreasonable, with Command approval, the Laboratory Director may authorize staff to utilize approved back-up worksheets.

IV.F.2. Back-up worksheets are located in the following location:

[\\lims\\_prod\Limsshares\BackupWorksheets](\\lims_prod\Limsshares\BackupWorksheets)

(Link provided as reference; it is accessible only to authorized personnel.)

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## EVH Appendix 5

### **Cover Letter for Submissions of Evidence to Outside Laboratories**

When submitting evidence to an outside laboratory, please submit a cover letter with the evidence. A sample format follows:

Date:

Illinois State Police  
Division of Forensic Services  
Forensic Sciences Command  
(Laboratory Name)  
(Address)  
(City, State & Zip)

(Director)  
Federal Bureau of Investigation  
Laboratory  
Washington, D.C. 20535

ATTENTION:

RE: Laboratory Case #  
Victim:  
Suspect:

Dear (Director):

I have enclosed evidence submitted to (the Laboratory Name) for \_\_\_\_\_ examination. I am requesting your assistance in the analysis of this evidence.

Upon completion of the examination, I would appreciate having the evidence returned directly to the submitting agency. Please send your original report to the agency with a courtesy copy to my attention. I will ensure we enter a copy into our laboratory case file. Thank you for your assistance in this matter.

Return evidence to: (Name & Address of original agency submitting evidence)

Very truly yours,

█

(Lab Director Name)  
Laboratory Director

(Initials)  
Enclosure  
cc: (Original agency submitting evidence)

EVH Appendix 7

**Receipt of Materials Reviewed During Laboratory Visit**

The following information was provided to \_\_\_\_\_ when  
(Name of the expert)

said expert visited the \_\_\_\_\_ Laboratory on \_\_\_\_\_ in order to  
(Location of lab) (Date)

review materials relating to \_\_\_\_\_.  
(Case name and number)

Item	Received By	Time	Returned To	Time
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

I \_\_\_\_\_, do hereby acknowledge that the above listed  
(Name of expert)

materials were provided to me for review when I visited the \_\_\_\_\_  
(Location of lab)

Laboratory on \_\_\_\_\_.  
(Date)

\_\_\_\_\_  
(Signed by the expert)

EVH Appendix 8

**Receipt of Analysis Observed During Laboratory Visit**

The following analysis was observed when \_\_\_\_\_  
(Name of the expert)

visited the \_\_\_\_\_ Laboratory on \_\_\_\_\_ in order to review materials relating  
(Location of lab) (Date)

to \_\_\_\_\_.  
(Case name and number)

Analysis Observed	Time	Defense	Analyst
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

I \_\_\_\_\_, do hereby acknowledge that the above listed  
(Name of expert)

analysis were observed and results obtained when I visited the \_\_\_\_\_  
(Location of lab)

Laboratory on \_\_\_\_\_.  
(Date)

\_\_\_\_\_  
(Signed by the expert)



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## 432 Mailability

### 432.1 General

Mailers must comply with the Gun Control Act of 1968, all of the provisions of postal law in 18 U.S.C. 1715, and all other all federal and state regulations and local ordinances affecting the movement of firearms. The following also applies:

- a. The Postal Service may require the mailer to open parcels containing firearms or air guns or give written certification that the weapon is unloaded and not concealable.
- b. Short-barreled rifles or shotguns that can be concealed on the person are nonmailable.
- c. No markings of any kind that indicate the nature of the contents may be placed on the outside wrapper or container of any mailpiece containing firearms.
- d. Mailable matter must be properly and securely packaged within the general packaging requirements in DMM 601.1-7.
- e. Except for shipments between licensed dealers, manufacturers, or importers, all regulated firearms must be mailed using a USPS product or Extra Service that provides tracking and signature capture at delivery.

### 432.2 Handguns

Handguns and other firearms capable of being concealed on the person are nonmailable unless mailed between the parties listed in this section, after the filing of an affidavit or statement described in 432.22 or 432.24, and are subject to the following:

- a. Firearms meeting the definition of a handgun under 431.2 and the definition of curios or relics under 27 CFR 478.11 may be mailed between curio and relic collectors only when those firearms also meet the definition of an antique firearm under 431.3.
- b. Firearms meeting the definition of a handgun under 431.2, which are certified by the curator of a municipal, state, or federal museum that exhibits firearms to be curios or relics of museum interest, may be accepted for mailing between governmental museums without regard to the restrictions provided for handguns in 432.21 through 432.24 and Exhibit 432.25.
- c. Air guns (see 431.6) that do not fall within the definition of firearms under 431.1 and are capable of being concealed on a person are mailable, but must include Adult Signature service under DMM 503.8. Mailers must comply with all applicable state and local regulations.
- d. Parts of handguns are mailable, except for handgun frames, receivers or other parts or components regulated under Chapter 44, Title 18, U.S.C.
- e. Mailers are also subject to applicable restrictions by governments of a state, territory, or district.

#### 432.21 Authorized Persons

Subject to 432.22, handguns may be mailed by a licensed manufacturer of firearms, a licensed dealer of firearms, a licensed importer of firearms, or an authorized agent of the federal government or the government of a state, territory, or district, *only* when addressed to a person in one of the following categories for use in the person's official duties, *and* upon filing the required affidavit or certificate:

- a. Officers of the Army, Coast Guard, Air Force, Navy, Marine Corps, or Organized Reserve Corps.

- b. Officers of the National Guard or militia of a state, territory, or district.
- c. Officers of the United States or of a state, territory, or district, whose official duty is to serve warrants of arrest or commitment.
- d. USPS employees authorized by the Chief Postal Inspector.
- e. Officers and employees of enforcement agencies of the United States.
- f. Watchmen engaged in guarding the property of the United States, a state, territory, or district.
- g. Purchasing agent or other designated member of agencies employing officers and employees included in 432.21c through e.

#### **432.22 Affidavit of Addressee**

Any person proposing to mail a handgun under 432.21 must file with the Postmaster, at the time of mailing, an affidavit signed by the addressee setting forth that the addressee is qualified to receive the firearm under a particular category of 432.21a through 432.21g, and that the firearm is intended for the addressee's official use. The affidavit must also bear a certificate stating that the firearm is for the official duty use of the addressee, signed by one of the following, as appropriate:

- a. For officers of Armed Forces, by the commanding officer.
- b. For officers and employees of enforcement agencies, by the head of the agency employing the addressee to perform the official duty with which the firearm is to be used.
- c. For watchmen, by the chief clerk of the department, bureau, or independent branch of the government of the United States, the state, the territory, or the district by which the watchman is employed.
- d. For the purchasing agent or other designated member of enforcement agencies, by the head of such agency, that the firearm is to be used by an officer or employee included in 432.21c through 432.21e.

#### **432.23 Manufacturers, Dealers, and Importers**

Handguns may also be mailed between licensed manufacturers of firearms, licensed dealers of firearms, and licensed importers of firearms in customary trade shipments, or for repairing or replacing parts.

#### **432.24 Certificate of Manufacturers, Dealers, and Importers**

A federal firearms licensee manufacturer, dealer, or importer need not file the affidavit under 432.22, but must file with the Postmaster a statement on PS Form 1508, *Statement by Shipper of Firearms*, signed by the mailer that he or she is a licensed manufacturer, dealer, or importer of firearms. The mailer must also state that the parcels containing handguns, or parts and components of handguns under 432.2d, are being mailed in customary trade shipments or contain such articles for repairing or replacing parts, and that to the best of their knowledge the addressees are licensed manufacturers, dealers, or importers of firearms. Registered Mail service is recommended.

Postmasters may forward an unsatisfactory mailer statement to the PCSC for a ruling.

#### **432.25 Federal and Other Law Enforcement Agencies**

Handguns may be mailed without regard to 432.21 through 432.24 if the item is:

- a. Addressed to a scientific laboratory or crime detection bureau of any federal, state, or local law enforcement agency whose members are authorized to serve warrants of arrest or commitment.
- b. Sent by an authorized agent of the federal government as an official shipment to any qualified addressee in 432.21, or to a licensed manufacturer, dealer, or importer of firearms, or to a federal agency.

Exhibit 432.25

#### **Mailability Requirements for Handguns**

Addressee	Affidavit or Certificate Requirements
-----------	---------------------------------------

Officer of Air Force, Army, Coast Guard, Marine Corps, Navy, or Organized Reserve Corps.	Affidavit signed by the addressee and certificate signed by the commanding officer.
Officer of National Guard or militia of a state, territory, or district.	Affidavit signed by the addressee and certificate signed by the commanding officer.
Officer of the federal government or a state, district, or territory whose official duty is to serve warrants of arrest or commitment.*	Affidavit signed by the addressee and certificate signed by the head of the agency employing the addressee.
Postal Service employees specifically authorized by the Chief Postal Inspector.*	Affidavit signed by the addressee and certificate signed by the head of the agency employing the addressee.
Officer or employee of a U.S. enforcement agency.*	Affidavit signed by the addressee and certificate signed by the head of the agency employing the addressee.
Purchasing agent or other designated member of an enforcement agency employing officers and personnel included in (*) above.	Affidavit signed by the addressee and certificate signed by the head of agency stating the firearm is to be used by an officer or employee included in addressee column marked with an (*).
Watchman engaged in guarding federal, state, district, or territory property.	Affidavit signed by the addressee and certificate signed by chief clerk of department, bureau, or independent branch of the government agency employing the addressee.
Licensed manufacturers, importers, and dealers of firearms.	Signed statement on PS Form 1508, <i>Statement by Shipper of Firearms</i> . The mailer must be a licensed manufacturer, importer, or dealer mailing to another licensed manufacturer, importer, or firearms dealer.

### 432.3 Rifles and Shotguns

Except under 431.2, unloaded rifles and shotguns are mailable. Mailers must comply with the rules and regulations under 27 CFR, Part 478, as well as state and local laws. The mailer may be required by the USPS to establish, by opening the parcel or by written certification, that the rifle or shotgun is unloaded and not ineligible for mailing. The following conditions also apply:

- Subject to state, territory, or district regulations, rifles and shotguns may be mailed without restriction when intended for delivery within the same state of mailing. These items must:
  - Bear a "Return Service Requested" endorsement.
  - Be mailed using a class of mail, product, or Extra Service that provides tracking and signature capture at delivery.
- A rifle or shotgun owned by a non-FFL may be mailed outside the owner's state of residence by the owner to himself or herself, in care of another person in the other state where he or she intends to hunt or engage in any other lawful activity. These mailpieces must:
  - Be addressed to the owner.
  - Include the "in the care of" endorsement immediately preceding the name of the applicable temporary custodian.
  - Be opened by the rifle or shotgun owner only.
  - Be mailed using a class of mail, product, or Extra Service that provides tracking and signature capture at delivery.
- Mailing of rifles and shotguns between licensed FFL dealers, manufacturers, or importers are not restricted. The Postal Service recommends that these items be mailed using a class of mail, product, or Extra Service that provides tracking and signature capture at delivery.

- d. Rifles and shotguns may be mailed by a non-FFL owner domestically to a FFL dealer, manufacturer, or importer in any state. These items must be mailed using a class of mail, product, or Extra Service that provides tracking and signature capture at delivery.
- e. Except as described in 432.3a, licensed curio and relic collectors may mail firearms meeting the definition of curios or relics under 27 CFR 478.11 domestically to licensed FFL curio and relic collectors in any state. These items must be mailed using a class of mail, product, or Extra Service that provides tracking and signature capture at delivery.
- f. Firearms meeting the definition of a rifle or shotgun under 431.4 which are certified by the curator of a municipal, state, or federal museum, which exhibits firearms to be curios or relics of museum interest, may be accepted for mailing without restriction when mailed between governmental museums.
- g. Air guns (see 431.6) that do not fall within the definition of firearms under 431.1a are mailable. A shipment containing an air gun with a muzzle velocity of 400 or more feet per second (fps) must include an adult signature service under DMM 503.8. Mailers must additionally comply with all applicable state and local regulations.

## 432.4 Indemnity Claims

When indemnity claims pertaining to regulated firearms are filed for loss or damage to contents, claims will only be paid for complete loss under either of the following conditions:

- a. The regulated firearm has been lost, or
- b. When the mailer has provided reasonable estimates of the firearm's value and of repair cost from a reputable dealer, and the repair cost exceeds the declared and/or actual value of the firearm at the time of mailing.

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*Note: PAGE 5 WAS BLANK.*



**ILLINOIS STATE POLICE**  
**Division of Forensic Services**  
**Forensic Sciences Command**

**EVH Appendix 11**

**INTRA-DEPARTMENTAL FIREARM RELEASE**

The undersigned agrees that the firearm specified below is to be used only for the specified purposes listed. The firearm will be used only during the time period specified and that it will be returned to the laboratory immediately at the end of the loan period.

The undersigned acknowledges that the condition of the firearm cannot be fully ascertained by the Forensic Sciences Command or its employees; that the responsibility for its safe use is that of the undersigned; and further agrees that the Forensic Sciences Command, the laboratory and its employees are not, in any way, to be held liable or responsible for its condition or safe use.

The undersigned states that the firearm is being obtained for Illinois State Police business with the knowledge and permission of his District/Zone Commander, who is aware of the above.

On \_\_\_\_/\_\_\_\_/\_\_\_\_ one \_\_\_\_\_ Caliber \_\_\_\_\_  
Manufacturer \_\_\_\_\_

Model \_\_\_\_\_ (Circle One) Revolver Pistol Rifle shotgun Sub-Machine gun serial # \_\_\_\_\_

was obtained on loan from the \_\_\_\_\_ Laboratory. It will be returned on or  
before \_\_\_\_\_ during the hours of \_\_\_\_\_. I am the officer who will be using  
or supervising the use of the firearm.

**RECEIPT**

\_\_\_\_\_  
Signature of Officer Receiving the Firearm

**RETURN**

\_\_\_\_\_  
Returned by

\_\_\_\_\_  
Witness (Laboratory Manager)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (Firearms Examiner)

\_\_\_\_\_  
Received by



**ILLINOIS STATE POLICE**  
**Division of Forensic Services**  
**Forensic Sciences Command**

**EVH Appendix 12**

**INTER-DEPARTMENTAL FIREARM RELEASE**

The undersigned agrees that the firearm specified below is to be used only for the specified purposes listed. The firearm will be used only during the time period specified and that it will be returned to the laboratory immediately at the end of the loan period.

The undersigned acknowledges that the condition of the firearm cannot be fully ascertained by the Forensic Sciences Command or its employees; that the responsibility for its safe use is that of the undersigned; and further agrees that the Forensic Sciences Command, the laboratory and its employees are not, in any way, to be held liable or responsible for its condition or safe use.

The undersigned states that the firearm is being obtained for training purposes to demonstrate various types of firearms.  
**This firearm should not be fired.**

On \_\_\_\_/\_\_\_\_/\_\_\_\_ one \_\_\_\_\_ Caliber \_\_\_\_\_ Manufacturer \_\_\_\_\_  
(Circle One)  
Model \_\_\_\_\_ Revolver Pistol Rifle shotgun Sub-Machine gun serial # \_\_\_\_\_  
was obtained on loan from the \_\_\_\_\_ Laboratory. It will be returned on or  
before \_\_\_\_\_ during the hours of \_\_\_\_\_. I am the officer who will be using  
or supervising the use of the firearm.

**RECEIPT**

\_\_\_\_\_  
Signature of Officer Receiving the Firearm

**RETURN**

\_\_\_\_\_  
Returned by

\_\_\_\_\_  
Witness (Laboratory Manager)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (Firearms Examiner)

\_\_\_\_\_  
Received by

## EVH APP 13

### General Guidelines for Collecting Trace Particulate Evidence. (Referenced in EVH 26 - III.C.1.c.)

Tools, Fire Debris Evidence, and Physical Match Evidence will not be pre-processed and will be submitted directly to the Trace Chemistry Section.

Rugs, Carpets, Sheets and Blankets must be scraped and picked unless circumstances dictate an alternate method.

Weapons must be picked unless there is a specific request for a particular examination (such as hair, fiber, paint, glass, etc.) in which case the initial analyst will contact a Micro/Trace analyst for instructions.

**Clothing:** The initial examiner must be aware of the following information to collect and preserve trace particulates on clothing:

1. Is the owner a **victim** or **suspect**?
2. Was the victim **shot**? Or was the suspect a **shooter**?

If yes, then contact the agency to determine if Gunshot Residue or Trace evidence is important to the investigation.

If no, continue-

3. Was the victim a **vehicle accident victim**?
4. Was the suspect involved in a **burglary** or **home invasion**?
5. Was the suspect **driving in a hit and run** accident?

If yes, then scrape and pick the clothing if circumstances or the investigation warrant evidence collection.

If no, continue-

6. Is the clothing **blood soaked**?

If yes, then contact a Micro/Trace analyst.

If no, continue-

7. Is the clothing **heavily soiled**?

If yes, then scrape and pick the clothing.

If no, continue-

8. Is there a specific request to examine for **paint, glass, soil, vegetation, safe insulation, fire extinguisher filler**, etc.?

If yes, then scrape and pick the clothing.

If no, then tape and pick the clothing.

<b>INDEX</b> <b>FISCAL</b>			
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## Forensic Sciences Command



Date of Original Issue: 09/01/99	Policy: <b>FIS 1 - Procurement/Material Requests</b> Page 1 of 2
Date of Revised Issue: 08/27/25	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-25-05	

## I. POLICY

All cost centers may process orders for deliveries from vendors for items not on state contract up to the following amounts annually:

Printing (outside vendor)	\$2,000
Commodities	\$2,000
Contractual Services	\$2,000
Equipment (includes analytical)	\$2,000

All purchases including and exceeding these amounts must start with a requisition in BidBuy, then receive approval in the form of a Material Request Form (MRF) packet (See FIS Appendix 1; however, to obtain the most current fillable MRF, go to the Document Library-select Form #2-43) \*. An MRF packet contains an MRF, current Vendor Suspension & Debarments list, and request for quotes, or a small business waiver or an approved sole source justification form, and a summary of the quotes received. Other supporting fiscal paperwork may be required depending on the dollar amount.

\*Link for MRF Form ISP 2-43:

<https://ilgov.sharepoint.com/sites/ISP.Portal/Lists/Document%20Library/DispForm.aspx?ID=1299>

NOTE: Special procedures are required for the purchase of EDP equipment and software. Orders \$2,000 and over also require a MRF. Other supporting paperwork may also be required.

## II. PROCEDURE

- II.A. Cost centers will each have their own Order for Delivery (OFD) numbering system. This number should be prefixed with the laboratory letter to avoid confusion, but should also be clearly different from the system used for cases.
- II.B. If items are on a State of Illinois master contract, they cannot be purchased from another vendor. Contracts are available on the State of Illinois BidBuy website ([www.BidBuy.illinois.gov](http://www.BidBuy.illinois.gov)). It is the cost center's responsibility to ensure compliance with all purchasing rules and regulations (Refer to ISP ADM-118 and ADM-120).
- II.C. Requests for contractual services, commodity purchases, or equipment purchases between \$2,000 and Small Purchase Threshold require quotes from vendors through BidBuy. Any purchases over \$20,000 also need a signed contract in addition to a MRF packet. BidBuy quotes should be attached to the MRF. If an equipment purchase, specifications should accompany the MRF as well. A memorandum must be prepared to accompany the MRF that describes any failed attempts to obtain quotes. All purchases over \$1,999.99 must go through a bid process unless preapproved by the

Agency Procurement Officer and/or the State Purchasing Officer to proceed with a single vendor. Additional instructions can be found on the Chief Procurement Office website (<https://cpo-general.illinois.gov/>) or obtained from Central Procurement directly ([ISP.Procurement@Illinois.gov](mailto:ISP.Procurement@Illinois.gov)).

- II.D. As most EDP items (computers, printers, software, etc.) are on a state contract, an equipment configuration must be requested from the Information/Equipment Program Administrator. Should the item(s) requested not be on state contract, ISB will recommend the proper course of action. A MRF is required for any item on a state contract and/or any order totaling \$2,000 or more. Instructions can be found on the Chief Procurement Office website (<https://cpo-general.illinois.gov/>) or Obtained from the Central Procurement directly ([ISP.Procurement@Illinois.gov](mailto:ISP.Procurement@Illinois.gov)).
- II.E. Telecommunications items (telephone, fax, answering machines, and related devices) must be paid from 1700. New telephones or changes to existing systems must be coordinated through the Communications Bureau.
- II.F. Multi-year leases, lease/purchase, and option to purchase require a completed Equipment Lease/Finance Approval Request Form (ELFAR) (CMS 28).
- II.G. Purchase of business cards must be approved by the Commander. No outside purchases of business cards will be authorized.
- II.H. A MRF is required for single purchases of postage over \$1,999.99. A MRF can be prepared for annual postage needs and multiple invoice vouchers submitted throughout the fiscal year against that established authority number. Postage stamps can only be purchased through the Postmaster, care of the CMS Mail and Messenger Service, in Springfield; a completed voucher must be submitted to command headquarters fiscal administration.
- II.I. Each Laboratory Director must specifically identify the minor code of each expenditure on the MRF when it is submitted for approval. You should answer the question, "Was Item Budgeted?", YES only if monies are included under the specific minor object code on your budget printout and sufficient funds still exist in that minor. If monies are not included under the specific minor object code or insufficient funds remain in that minor, then the answer should be NO, and you must identify those funds from the minor object code which will be used to pay for the item or service requested (i.e., NO, sufficient monies are available in minor object code \_\_\_\_).



## Forensic Sciences Command



Date of Original Issue: 01/27/97	Policy: <b>FIS 2 - Goods/Services Received</b> Page 1 of 1
Date of Revised Issue: 08/18/25	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-25-04	

## I. POLICY

Forensic Sciences Command policy requires all cost centers to ensure that the following procedures occur when goods/services are received:

## II. PROCEDURE

- II.A. Goods are accurately counted.
- II.B. Quality of reagents ordered must meet the standards outlined in the individual Procedures Manuals.
- II.C. Goods are reviewed by the receiving employee to ensure those goods meet the quality standards and fulfill the requirements of the purchase order. Goods cannot be put into use until the review is completed, along with any section specific required testing.
- II.D. Employees responsible for receiving goods must sign and date the packing slip or invoice. Their signature demonstrates the goods received fulfill the requirements of the purchase order.
- II.E. Goods will be stored according to individual section requirements.
- II.F. Employees engaging/overseeing services must ensure the service provided meets the standards as outlined in the individual Procedures Manuals and/or in the purchase order and aligns with the terms of the associated purchase order or contract that was used to request the service.
- II.G. Claims are filed against carriers and vendors for shortage or damaged goods. Information concerning multiple quality issues with specific vendors must be forwarded to all laboratories and command.
- II.H. Whenever possible, cost centers should ensure that the person responsible for receiving and inspecting goods received are not involved in the requisitioning or the accounting for related expenditures.



## Forensic Sciences Command



Date of Original Issue: 07/16/00	Policy: <b>FIS 3 - Cost Center Transfers and Expenditures</b> Page 1 of 1
Date of Revised Issue: 1/10/19	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-19-02	

## I. POLICY

- All Forensic Sciences Command (FSC) cost centers will:
  - I.A. Notify Command Fiscal Administration as soon as a difference is identified in fiscal projections regarding any surplus or deficit in a given major. In the event a surplus in one major is identified, it is NOT acceptable to deliberately go deficit in another major, planning to transfer funds from the surplus major to cover the deficit. ALL transfers between majors require Department approval.
  - I.B. Notify Command Fiscal Administration if a Command allocation was provided to cover a projected shortfall and that entire allocation is no longer needed. For example, if your laboratory requests Command money for a contractual employee/purchase in November, yet a surplus is identified in your laboratory in January, prompt notification to Command is mandatory.

<b>INDEX</b> <b>FISCAL APPENDICES</b>			
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<b>FIS 1 Appendix 1</b>	<b>Material Request Form</b>	<b>07/20/23</b>	<b>1</b>

**ILLINOIS STATE POLICE  
MATERIAL REQUEST FORM**

Division: \_\_\_\_\_

Budget Period: \_\_\_\_\_

Date: \_\_\_\_\_

Division Head Name	Initials	Supervisor Name	Initials	Requested by Name	Initials

**PROCUREMENT INFORMATION**

Procurement Description: _____	Term of Services: _____
Is procurement a release from CMS/DoIT master contract? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Contract No.: _____
Is procurement an order against an Agency-specific contract? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Contract No.: _____
Is the amount of this MRF an estimate (DO NOT OBLIGATE)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Request for Earmarked Funds? Establish <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/>	If increase/decrease, EMF No.: _____

Asset Shell No.	Commitment Item	NIGP Code	NAME OF ITEM INCLUDING size, color, and full description or description of services to be performed.	Quantity	Unit of Measure	Unit Price	Current Budget Period Total Cost

Total

**FISCAL INFORMATION**

Fund #1		Fund #3		Fund #2		Fund #4		FOR MULTI-YEAR PROCUREMENTS	
Fund Center: _____	Fund: _____	Budget Period: _____	Budget Period: _____						
Functional Area: _____		Functional Area: _____		Functional Area: _____		Functional Area: _____		Budget Period: _____	Budget Period: _____
Internal Order No.: _____	Amount: _____	Budget Period: _____	Budget Period: _____						
Analyst Approval: _____		Analyst Approval: _____		Analyst Approval: _____		Analyst Approval: _____		TOTAL _____	
Fund Center: _____	Fund: _____	COMMENTS							
Functional Area: _____		Functional Area: _____		Functional Area: _____		Functional Area: _____			
Internal Order No.: _____	Amount: _____								
Analyst Approval: _____		Analyst Approval: _____		Analyst Approval: _____		Analyst Approval: _____			

EMF No. \_\_\_\_\_

Date: \_\_\_\_\_

**BIDBUY PROCUREMENT TRACKING**

Req No. \_\_\_\_\_ Bid No. \_\_\_\_\_ PO No. \_\_\_\_\_

SOURCE OF SUPPLY		INVENTORY INFORMATION (If Inventory Equipment purchase)	
Name: _____		Are inventory tags required?:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address: _____		Location Code: _____	
City, State, Zip: _____		Inventory Custodian: _____	
FEIN: _____		Custodian Telephone No.: _____	
SAP Supplier No.: _____		Is there a Parent Asset?:	Yes <input type="checkbox"/> No <input type="checkbox"/>
		If yes, Parent Asset No.: _____	
		Is the equipment Military Surplus?:	Yes <input type="checkbox"/> No <input type="checkbox"/>

**INDEX**  
**MANAGEMENT INFORMATION SYSTEMS**

	NAME	DATE	PAGE(S)
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Date of Original Issue: 03/01/01	Policy: <b>MIS 1 - Network and Database Server Backups</b> Page 1 of 2
Date of Revised Issue: 08/18/25	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-25-04	

## I. PURPOSE

The Illinois Department of Innovative Technology (DoIT) has developed a Disaster Recovery Plan in the event of a major disruption to the Laboratory Information Management System (LIMS). To facilitate this plan, DoIT will ensure adequate backups of all network and database servers.

## II. POLICY

II.A. CODIS and NIBIN are excluded from this directive since the Federal Bureau of Investigation (for CODIS) and Forensic Technology Incorporated/Bureau of Alcohol, Tobacco, and Firearms (for NIBIN) define the backup procedures for these servers.

II.B. Servers for the Forensic Sciences Command (FSC) laboratories on the Illinois State Police (ISP) Network have been centralized and appropriate backups are done by DoIT. These backups are saved for about four weeks. The LIMS databases are backed up as part of the Microsoft Azure environment.

II.C. For other servers not included, such as STaCS at the DNA Indexing Laboratory and the Pax-It server in Chicago, laboratory management will be responsible for ensuring that adequate backup procedures are followed. Unless specified elsewhere, the following steps should be viewed as minimal requirements. More detailed procedures for these servers may be implemented at each laboratory's discretion and included in their Facility Operations Manual (FOM).

II.C.1. A full backup of each server will be made each workday night.

II.C.2. The nightly backup media will be stored off-site in a one-hour rated fire-proof container. If backup media are stored at a non-ISP facility, then they shall be maintained in a locked container for which only the laboratory has a key. An exception to this is if the media is stored in a safe deposit box in a bank. In this situation, the bank will hold one key and the lab will have the second key.

Option: At the laboratory management's discretion, up to a week's worth of backup media may be stored on-site, provided they are secured in a locked, fire-proof container. This container should not be kept in the same room as any of the servers. Backup media must be moved to off-site storage a minimum of once per week.

II.C.3. Nightly off-site backup media should be maintained for a period of no less than two weeks before being re-used.

II.C.4. At periodic intervals, it may be necessary to remove some data from the servers to permanent archival media. The process and frequency of archiving shall be determined by laboratory management, with input, if available, from the respective application vendors (e.g., STaCS or Foray).

II.D. In the event of a major disruption to either the local area network (LAN) or the LIMS, DoIT will invoke the Disaster Recovery Plan. The Forensic Sciences Command will cooperate fully with DoIT, providing assistance to access facilities as necessary.

II.E. Laboratory management will serve as the after-hours point of contact.

Forensic Sciences Command Recovery Teams

<b>Recovery Team</b>	<b>Position</b>	<b>Name</b>	<b>Work Phone</b>	<b>State Cell Phone</b>
ISP Help Desk	Member	ISP Help Desk	217-782-4155	
Cliff McCurdy	Member	Cliff McCurdy	217-557-0538	217-720-0292
Peter Anzalone	Member	Peter Anzalone	312-779-8285	
Tim Tripp	Member	Tim Tripp	217-524-6901	217-670-9605
Bill Demuth	Lab Director	Bill Demuth	217-859-5143	217-720-0671
Amanda Shanbaum	Interim Lab Dir.	Amanda Shanbaum	312-779-8283	312-520-2906
Naeel Ablahad	ISA (DoIT)	Naeel Ablahad	312-779-8235	
Jason George	Member	Jason George	312-779-8302	
Jamie Jett	Member	Jamie Jett	312-779-8413	
Peter Anzalone	Member	Peter Anzalone	312-779-8285	
Jeffrey Parise	Member	Jeffrey Parise	309-284-6500x281	
Dave VanWingeren	Member	Dave VanWingeren	312-779-8338	
Kellen Hunter	Asst. Lab Dir.	Kellen Hunter	312-779-8435	
Michael Cox	Lab Director	Michael Cox	312-779-8425	815-207-0109
Brian Stevenson	Member	Brian Stevenson	618-222-8411	
Bryan Tomac	Member	Bryan Tomac	618-222-3135	
Dana Adams	Lab Director	Dana Adams	618-222-8405	618-971-3285
Rob Reneau	Member	Rob Reneau	309-284-6500x275	
Jason List	Member	Jason List	309-284-6500x263	
Cari Sandberg	Acting Lab Dir.	Cari Sandberg	309-284-6500x210	217-720-1481
Alex Viana	Member	Alex Viana	779-513-4889	
Blake Aper	Member	Blake Aper	779-500-6131	
Samantha Webb	Lab Director	Samantha Webb	815-987-7743	815-298-7192
John Carnes	Member	John Carnes	217-524-1810	
Aaron Small	Member	Aaron Small	217-524-1808	
Charity Noreuil	Lab Director	Charity Noreuil	217-524-1803	217-836-5411
Bill Demuth	Lab Director	Bill Demuth	217-557-5884	217-720-0671



## Forensic Sciences Command



Date of Original Issue: 10/01/96	Policy: <b>MIS 2 - LIMS</b> Page 1 of 1
Date of Revised Issue: 04/30/21	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-21-04	

## I. POLICY

It is the policy of the Forensic Sciences Command (FSC) to ensure a data system is operational and information is available to aid in the administration, management, and reporting of case processing.

A. All laboratories will use the Laboratory Information Management System (LIMS) program to capture statistics. Generation of month-end statistics is accomplished by selecting the appropriate reports from the LIMS menu.

■ 1. LIMS reporting requirements are as follows:

- a. Court Appearance
- b. Education/Public Relations
- c. Drugs/Marijuana
- d. Firearms/Toolmarks
- e. Latent Fingerprints
- f. Forensic Biology/DNA
- g. Micro/Trace
- h. Toxicology
- i. Footwear/Tire Tracks

2. The LIMS User's Manual is to be referenced regarding all data entry requirements.

B. All analysts assigned to a laboratory will be considered working analysts for the purposes of monthly statistics.

C. Security – the LIMS shall:

- 1. Be protected from unauthorized access by the Illinois State Police (ISP) Active Directory user ID and password for LIMS and Whitelisted IP addresses for agencies using Prelog to enter data;
- 2. Be safeguarded against tampering and loss by limiting access to the back-end database password and regular geo-redundant backups;
- 3. Be operated in a Criminal Justice Information Services (CJIS) compliant environment that complies with provider or laboratory specifications or, in a case of non-computerized systems, provides conditions which safeguard the accuracy of manual recording and transcription;
- 4. Be maintained in a manner that ensures the integrity of the data and information by the use of an application and database audit log that tracks all changes;
- 5. Include recording system failures and the appropriate immediate and corrective actions.

D. LIMS operating manuals will be stored in the following network location and available to all users:  
[\\lims\\_prod\LIMS\\_Shares\User\\_Guides](\\lims_prod\LIMS_Shares\User_Guides)



Date of Original Issue: 08/30/02	Policy: <b>MIS 3 - Automated Biometric Identification System and Next Generation Identification</b> Page 1 of 2
Date of Revised Issue: 12/21/21	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-21-10	

## I. POLICY

It is the policy of the Illinois State Police (ISP) Forensic Sciences Command (FSC) to provide latent print Automated Biometric Identification System (ABIS) and Next Generation Identification (NGI) services to law enforcement agencies.

## II. DEFINITION

ABIS and NGI are computer-based systems used to search latent prints against known databases. The systems provide a list of candidates based on the similarity of features extracted from the latent prints and the known standard.

### II.A. Extraction of matching data

II.A.1. The extraction of matching data for each system is performed automatically when tenprint images (standards) are submitted for processing.

### II.B. Databases

II.B.1. The matching data of tenprint impressions is retained as part of the Rolled Database (RD). The plain impressions on the tenprint card form the Slap Database (SD).

II.B.2. The matching data of unidentified latent prints that are registered in ABIS or NGI are retained in the Unsolved Latent Database (ULD) or the Unsolved Latent File (ULF) respectively.

II.B.3. The demographic and image data of tenprint cards that are submitted to the Illinois State Police Bureau of Identification (BOI) or Federal Bureau of Identification (FBI) are electronically stored and filed in the electronic archive files.

### II.C. Matching a latent print in ABIS or NGI

■ The data of a latent print is compared using matching algorithms to the data of the tenprint (the Rolled Database-Latents (RDB-L) or Slap Database) and latent print impressions in the ULD.

**III. LATENT PRINT SERVICES**

Latent prints can be searched and registered in the ISP ABIS system and in the FBI NGI system.

III.A. Search of an unidentified latent print from a case against the tenprint database.

III.B. Search of a latent print against the unsolved latent print databases (ULD).

III.C. Search of new tenprint impressions that are received at the ISP BOI or FBI against the unsolved latent prints for their respective systems.

**IV. PROCEDURE**

One latent print examiner will routinely be assigned to carry out all latent print analyses for a specific case, including any database work that is required. This would include evaluating latent prints for database suitability, comparing database suitable latent prints to elimination prints, preparing and entering the latent prints into the databases, comparing the search results, requesting copies of high resolution tenprint cards from the BOI or FBI for subsequent comparisons and making any identifications that resulted from the database searches. Detailed guidelines for the examinations listed above can be found in the ISP Latent Prints Procedures Manual, Appendix V, Minimum Biometric Database Standards and Controls.

**V. PURGING IMPRESSIONS FROM THE LATENT PRINTS DATABASE (LDB)**

Latent prints will be deleted automatically from ABIS and NGI when the applicable Statute of Limitations has expired.

V.A. Latent impressions can be deleted from the databases when:

V.A.1. The latent print impression is identified; or

V.A.2. The investigating agency requests that the latent print be deleted from the databases; or

V.A.3. The case goes beyond the Statute of Limitations for the offense committed; or

V.A.4. The case latent print produces an excessive amount of Tenprint to Latent Inquiry (TLI) candidates because the latent print contains a common minutiae area.

**VI. STATEWIDE ABIS/NGI LATENT PRINTS COORDINATOR**

The Statewide ABIS/NGI Latent Prints Coordinator has responsibility for coordinating the overall operation and associated requirements of the Latent Print aspect of ABIS and the state's use of NGI. These responsibilities include coordinating with appropriate local laboratory personnel during installation or relocation of the equipment to confirm its proper operation; working with appropriate local laboratory personnel to ensure the equipment is functional; coordinating necessary maintenance and troubleshooting that may arise; upgrading or designing new hardware and/or software functionality for the system; and acting as a liaison between the Forensic Sciences Command and the Bureau of Identification, ABIS vendors, and ABIS requests from out-of-state agencies.



## Forensic Sciences Command



Date of Original Issue: 08/30/02	Policy: <b>MIS 4 - DNA Indexing Program</b> Page 1 of 5
Date of Revised Issue: 12/07/23	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-23-07	

## I. PURPOSE

The Illinois State Police Forensic Sciences Command (FSC) has developed a DNA Indexing Program for computerized entry and searching of DNA profiles from evidence samples and convicted offender samples. The Program is operated in conjunction with the COmbined DNA Index System (CODIS) of the Federal Bureau of Investigation (FBI). To maintain the Index and comply with the required standards which allow participation in CODIS, ISP has established policies for the operation of the Index and to ensure the quality of the data contained in the Index.

## II. TERMS AND ABBREVIATIONS

- II.A. CODIS- COmbined DNA Index System
- II.B. CJIS SEN- Criminal Justice Information System Shared Enterprise Network
- II.C. DSO- Designated State Official
- II.D. NCIC- National Crime Information Center
- II.E. NDIS- National DNA Index System (top level of CODIS located at the FBI)
- II.F. SDIS- State DNA Index System
- II.G. SWGDAM- Scientific Working Group on DNA Analysis Methods

## III. POLICIES

## III.A. Participation in National DNA Index System (NDIS)

- III.A.1. ISP established a Memorandum of Understanding (MOU) with the FBI. The MOU and NDIS Operational Procedures define the authority and responsibilities of the FBI and the State for participation in the NDIS. The MOU and NDIS Operational Procedures are required to ensure the quality of DNA data submitted to CODIS. The NDIS Operational Procedures establish the responsibilities of the FBI and the NDIS Participating Laboratory for CODIS. Only the DSO, State CODIS Administrator or a designee of either may communicate with the NDIS custodian on behalf of the State.
- III.A.2. ISP will comply with the FBI's Quality Assurance Standards for Forensic DNA Testing Laboratories and the Quality Assurance Standards for DNA Databasing Laboratories.
- III.A.3. ISP will comply with the NDIS Operational Procedures.

III.B. Participation in the Illinois DNA Index

- III.B.1. Each Illinois forensic laboratory participating in the DNA Index will establish a MOU with the FBI. The MOU defines the authority and responsibilities of the state and the laboratory for participation in the Index to ensure the quality of DNA data submitted to CODIS.
- III.B.2. Each Illinois forensic laboratory submitting DNA data to the DNA Index will comply with the FBI's Quality Assurance Standards for Forensic DNA Testing Laboratories and/or the Quality Assurance Standards for DNA Databasing Laboratories, and the NDIS Operational Procedures.
  - III.B.2.a. Each Laboratory submitting DNA data to the DNA Index will maintain accreditation by an NDIS-approved accrediting body. Failure of the Laboratory to maintain accreditation will result in suspension of the Laboratory from participating in the Index.
  - III.B.2.b. Each analyst submitting DNA data to the Index will successfully complete prescribed semi-annual proficiency tests. A significant analytical/interpretive error (failure) by an analyst on a prescribed proficiency test will result in suspension of the analyst from participating in the Index until the cause of the problem is identified and corrected.
- III.B.3. ISP Contract Laboratories will comply with the Quality Assurance Standards for Forensic DNA Testing Laboratories and/or the Quality Assurance Standards for DNA Databasing Laboratories, the NDIS Operational Procedures, and use approved proficiency test vendors.
  - III.B.3.a. Contract Laboratories will allow an annual laboratory visit by ISP.
  - III.B.3.b. Contract Laboratories will analyze and report DNA data to ISP according to the contract specifications.
- III.B.4. Private Laboratories (not under contract with ISP) will comply with the applicable (Forensic or Databasing) Quality Assurance Standards and the ISP, FSC Command Directive Policy for submission of DNA data and searching the DNA Index: TCH 20-DNA Profiles Generated by Private Laboratories.

III.C. General Access to Offender Samples and Data

- III.C.1. Access to offender sample information or test results will be permitted only as specified in 730 ILCS 5/5-4-3, the Administrative Rules "Sample Collection for Genetic Marker Indexing" and as defined by the NDIS Operational Procedures. All other requests for information will be denied.
- III.C.2. Offender samples will not be released to any agency or removed from the ISP laboratory system unless directed by court order, by valid subpoena or by contract with an approved vendor for analysis.
- III.C.3. The identity of any person/agency making a request for genetic information must be verified prior to release of information. Requests made through CODIS/NDIS will meet this requirement.

III.D. SDIS CODIS Procedures

- III.D.1. The Local CODIS Administrator or designee will upload DNA data to the SDIS by the CJIS SEN or by other FBI-approved devices.

- III.D.2. The State CODIS Administrator or designee will process uploads and search the Index at least once per week.
- III.D.3. The State CODIS Administrator or designee will upload appropriate profiles to the Batch Target File and search against SDIS.
- III.D.4. The Local CODIS Administrator or designee will communicate offender matches resulting from remote SDIS searches to the State CODIS Administrator or designee immediately.

#### III.E. NDIS CODIS Procedures

- III.E.1. The State CODIS Administrator or designee will upload data to NDIS as prescribed by NDIS. The State CODIS Administrator will submit requests for manual keyboard searches to NDIS at the request of the local laboratory and with the approval of the NDIS Custodian.
- III.E.2. The State CODIS Administrator or designee will remove profiles from SDIS uploads as directed by NDIS. Profiles from specimens that are unacceptable at NDIS will be eliminated from the SDIS upload and may be eliminated from SDIS completely.
- III.E.3. Local laboratories will review candidate matches and make best efforts to report dispositions to the State CODIS Administrator within 30 business days of the candidate match.

#### III.F. Offender Sample Verification

- III.F.1. The Local CODIS administrator or case analyst will inform the Indexing Laboratory when a case-to-offender match has been determined and will request offender verification.
- III.F.2. Verifications will be performed on samples before reporting hits, before expungement, before data release for discovery purposes and before the release of genetic data for any reason.
- III.F.3. When the offender is not incarcerated at the time of hit notification, the agency may be informed verbally of the pre-verification hit information on a case-by-case basis with approval by the Commander.
- III.F.4. Verified associations to offender samples will be reported to the agency within 30 days.

#### III.G. Retention of Offender Samples and Records

- III.G.1. All sample files, sample verification files, and laboratory analysis files will be retained indefinitely at the Indexing Laboratory or at a secure facility for archival storage.
  - III.G.1.a. Maintain original sample receipt forms and all laboratory generated documents.
  - III.G.1.b. Maintain electronic and/or paper documents generated during DNA analysis.
  - III.G.1.c. Maintain a record of the sample number, current location, a notation if sample is consumed, and date.

III.G.2. Offender samples will be retained indefinitely.

III.G.2.a. Materials generated during PCR Analysis:

III.G.2.a.i. Extracted DNA remaining after analysis will only be maintained on samples if no original samples remains.  
 III.G.2.a.ii. Amplified DNA will be destroyed after analysis.

III.H. Expungement

III.H.1. Requests for expungement of offender samples and offender DNA data will be performed in accordance with 730 ILCS 5/5-4-3 and the Administrative Rules.

III.H.2. The DNA Indexing Section manager or designee will approve all expungement orders.

III.H.3. The DNA Indexing Laboratory will follow expungement procedures prescribed in the DNA Indexing Procedures Manual.

III.I. CODIS Server Backup

III.I.1. The State CODIS Administrator or designee will backup the State CODIS server nightly during the business week. Weekend backups may be made depending on anticipated weekend usage.

III.I.2. The backup tapes will be sent off-site at least once per week and not overwritten for at least one week.

III.I.3. In the event of a server failure, the State CODIS Administrator will inform the local laboratories and NDIS (FBI) of the status of service.

III.J. CODIS Administrators

III.J.1. Each Illinois laboratory participating in the DNA Index will appoint a Local CODIS Administrator to oversee the data entered into CODIS and to perform the functions required to participate in the DNA Index and NDIS. Each such laboratory will also appoint an Alternate CODIS Administrator who will fulfill the Local CODIS Administrator's role when he/she is absent or unavailable. If the Local CODIS Administrator leaves, he/she must ensure the new Administrator has email rules in place for receiving hit letters.

III.J.2. A Local CODIS Administrator and alternate are assigned for each of these Illinois laboratories listed below:

Decatur Forensic Science Laboratory  
 DuPage County Forensic Science Center  
 Forensic Science Center at Chicago  
 Joliet Forensic Science Laboratory  
 Metro-East Forensic Science Laboratory  
 Northeastern Illinois Regional Crime Laboratory  
 Rockford Forensic Science Laboratory  
 Springfield Forensic Science Laboratory

The State CODIS Administrator is located at the DNA Indexing Laboratory in Springfield and can be contacted for the name of each Local CODIS Administrator. The State CODIS Administrator will serve as the Local CODIS Administrator for the DNA Indexing Laboratory.

III.J.3. ISP FSC Local CODIS Laboratories will conduct the following, unless more stringent rules are enacted by NDIS:

At least once per week, the NDIS-participating laboratory will import eligible DNA profiles into CODIS.

At least once per week, the NDIS-participating laboratory will backup its CODIS data.

At least once per month, the CODIS backup media shall be restored to ensure the integrity of the backup process.

At least once per month, the CODIS backup media shall be stored at a secure physical location other than the NDIS-participating laboratory. At least one copy of the backup media must be offsite at any given time. Laboratories may elect to have more than one copy of the backup media stored offsite if desired.

At least once per business day, the NDIS-participating laboratory will upload CODIS data to the State CODIS server.

At least once per week, the NDIS-participating laboratory will update the anti-virus definitions on the CODIS Server and CODIS Client(s).

Laboratories may elect to perform the above functions more often than the required minimum.

At least once per month, the Local CODIS Administrator will review all existing and former CODIS users to ensure the information in CODIS and the Active Directory of their server is current and accurate. If a CODIS user needs to be removed in compliance with NDIS procedure 2.7.5 (leaves employment, fails a periodic FBI security check, or there is a quality issue with the DNA records associated with the user), the Local CODIS Administrator will notify NDIS and the State CODIS Administrator within 30 days.

III.J.4. The State CODIS Administrator will be consulted when the Illinois State Police contracts outsourcing of forensic or offender samples that may be entered into SDIS.



## Forensic Sciences Command



Date of Original Issue: 01/01/03	Policy: <b>MIS 6 – National Integrated Ballistics Information Network (NIBIN)</b> Page 1 of 2
Date of Revised Issue: 01/18/24	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-24-02	

## I. POLICY

It is the policy of the Forensic Sciences Command to provide National Integrated Ballistics Information Network (NIBIN) services to requesting law enforcement agencies.

## II. DEFINITION

NIBIN is a computer-based system that captures images of cartridge cases, uses computer algorithms to search those images against a database of other fired evidence and test fires, and produces a list of potential candidates for Forensic Scientists to review.

The Illinois State Police (ISP) is part of the NIBIN which is maintained by the Bureau of Alcohol, Tobacco, Firearms and Explosives (BATFE). Searches are conducted in the Northern region of the state by the Forensic Science Center at Chicago and the Joliet Forensic Science Laboratory. Searches are conducted in the Southern region of the state by the Metro-East Forensic Science Laboratory. Searches are conducted in the Central region of the state by the Springfield Forensic Science Laboratory.

## II.A. Captured Images

- II.A.1. NIBIN entries will be required for suitable test fired cartridge cases from automatic ejecting magazine fed firearms and suitable recovered fired cartridge cases.
- II.A.2. The local Laboratory Director, or designee, may approve NIBIN entries of suitable cartridge cases different than those listed above in Section II.A.1.
- II.A.3. No ISP laboratory possesses NIBIN equipment capable of acquiring bullet images.

## II.B. Correlation Requests

- II.B.1. Correlation requests are conducted on suitable evidence submitted to the Forensic Sciences Command.
- II.B.2. Correlation requests are conducted automatically once the item has been entered into NIBIN.
  - II.B.2.a NIBIN entries are automatically correlated against Illinois sites, Northwest Indiana sites, St. Louis, Missouri region sites, Davenport/Quad Cities Iowa sites, and any other NIBIN site added by BATFE.
- II.B.3. A manual correlation request may be conducted to any NIBIN site.

II.B.4. Qualifying evidence will be entered by and correlation results will be viewed by qualified NIBIN users.

II.B.4.a. A qualified NIBIN user is defined as a technician or firearms examiner trained by BATFE, Ultra Electronics Forensic Technology Inc., and/or a NIBIN Authorized Trainer program to perform acquisition and/or correlation reviews of results on the NIBIN equipment.

**II.C. Procedures**

II.C.1. Qualified NIBIN user will enter the administrative information and capture the image(s) of the cartridge case(s). A Forensic Scientist will view the correlation results and will determine if there are any possible associations. If there is a possible association, the examiner will not automatically request the evidence be submitted for examination. The examiner will report the possible association and notify the agency that a confirmatory examination will be conducted at the request of the submitting agency.

II.C.2. When working a NIBIN evaluation case, the Forensic Scientist will view the correlation results and will determine if there are any possible associations. In the event of possible associations, the Forensic Scientist will not request the resubmission of any corresponding case(s) but will instead issue a NIBIN Evaluation report indicating the potential association to the submitting agency.

**III. NIBIN COORDINATOR RESPONSIBILITIES**

The state NIBIN Coordinator has the responsibility of orchestrating the overall operation and associated issues related to NIBIN. These duties include integrating necessary maintenance, assisting in the implementation of quality control procedures, troubleshooting problems that may arise, and serving as the liaison between the Forensic Sciences Command, Ultra Electronics Forensic Technology Incorporated, and the BATFE.

**IV. DATABASE ADMINISTRATION AND SYSTEM BACKUPS**

IV.A. The main server for the Forensic Sciences Command is located in Beltsville, Maryland. The BATFE is responsible for the overall maintenance of NIBIN.

IV.B. Ultra Electronics Forensic Technology Incorporated is responsible for the daily maintenance and system backup of NIBIN.



## Forensic Sciences Command



Date of Original Issue: 07/26/07	Policy: <b>MIS 7 - Software Program Development</b> Page 1 of 1
Date of Revised Issue: 09/27/23	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-23-05	

## I. POLICY

- It is the policy of the Forensic Sciences Command (FSC) to ensure that software used in the administration, management, and reporting of case related or Quality Assurance items are properly checked or validated to ensure accurate operation. To ensure that appropriate measures are taken to meet accreditation standards for software either purchased “off the shelf” or developed in-house, the procedures below will be followed. Software includes scripts and macros that affect or generate reportable results.
- I.A. Validation of “off the shelf” or internally developed software will be authorized prior to implementation in casework. This will be accomplished by documenting the testing of the software to ensure that expected performance is occurring. This will include verifying any calculations made by the software.
- I.B. Additional internal validations, performance checks, or functional tests requirements related to DNA analysis are located in the FBI DNA Quality Assurance Standards.
- I.C. The following personnel may authorize the use of the software after testing:
  - I.C.1. LIMS updates- -Command LIMS Administrator or designee.
  - I.C.2. Newly validated procedure or instrument, Commander and DNA Technical Leader (as applicable).
  - I.C.3. New versions of existing software:
    - I.C.3.a. ABIS (Latents Function) – ABIS Coordinator
    - I.C.3.b. DNA Software – DNA Technical Leader
    - I.C.3.c. NIBIN – NIBIN Coordinators
    - I.C.3.d. ADAMS Web – Digital Imaging Coordinator
- I.D. Documentation of the release, validation, and modification of such software programs will be maintained at one of the following locations:
  - I.D.1. Lab Asset Manager (LAM) by the software developer and/or the Command LIMS Administrator (or designee).
  - I.D.2. Training & Applications Laboratory
- I.E. Data must be backed up per Command Directive MIS-1 policies.



## Forensic Sciences Command



Date of Original Issue: 07/05/11	Policy: MIS 8 – Authenticated Digital Asset Management System (ADAMS) Page 1 of 4
Date of Revised Issue: 12/27/23	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-23-08	

## I. PURPOSE

Authenticated Digital Asset Management System (ADAMS) - The purpose of ADAMS is to provide secured storage and management of digital data generated during forensic case work. Although the primary purpose is to store digital images, the system can be used to store any digital asset. Detailed information related to the use of ADAMS can be found in the online manual.

## II. TERMS AND ABBREVIATIONS

- II.A. ADAMSWeb – Software used by authorized persons to access ADAMS.
- II.B. Asset Folder - An Asset Folder is a compilation of associated digital assets, such as a collection of digital assets that pertain to a single case or incident.<sup>2</sup>
- II.C. Authenticated Digital Asset Management System (ADAMS) – A complete system that manages a number of different components and modules. It includes servers, storage devices, and workstations. It communicates with other laboratory systems.
- II.D. Case Database – Collection of data relating to forensic cases worked in the laboratory.
- II.E. Database - Collection of all data.
- II.F. Digital Asset - Any electronic file (i.e., any information stored in electronic, binary format) including but not limited to digital images (digital photographs from digital cameras or flatbed scanners or film scanners), imaged documents, imaged computer disk drives, recorded video and audio clips, captured mobile phone memory, so on and so forth.<sup>2</sup>
- II.G. Digital Image - An image that is represented by discrete numerical values organized in a two-dimensional array. When viewed on a monitor or paper, it appears like a photograph.<sup>1</sup>
- II.H. Digital Workplace (DW) – Software used by authorized persons to access ADAMS.
- II.I. Training Database - Collection of data for the purpose of training and system testing. It is organized separately from case data.

## III. POLICIES

- III.A. ACCESS – Access to the system is authorized by the Forensic Sciences Command (FSC) and controlled by the Illinois State Police (ISP) Information Services Bureau (ISB) through Active Directory. Different levels of access exist and some users may be in more than one group depending on their responsibilities. For example, a supervisor that also works cases would be in a supervisor group and an analyst group.

- III.A.1. SYSTEM MANAGEMENT GROUP - This group is a Command level group for ADAMS administrators. Membership is authorized by the Commander, or designee. Members of this group have the ability to manage ADAMS including system settings and group permissions. Members of this group do not have direct access to any data stored in the database.
- III.A.2. SYSTEM MAINTENANCE GROUP - This group is a laboratory level group for database maintenance. Membership is authorized by the appropriate Laboratory Director. Members of this group can correct errors, move any asset, delete folders or assets as needed, and archive data.
- III.A.3. LABORATORY UPPER MANAGEMENT GROUP - This group is a laboratory level group for laboratory management. Membership is authorized by the appropriate Laboratory Director. Members of this group can view all assets and information related to the assets. They cannot perform any maintenance or make any changes to data.
- III.A.4. LABORATORY SUPERVISOR GROUP - This group is a section level group for laboratory supervisors. Membership is authorized by the appropriate Laboratory Director. Members of this group can acquire and view assets within their section for the purposes of supervisory review.
- III.A.5. LABORATORY ANALYST GROUP - This group is a section level group for laboratory analysts. Membership is authorized by the appropriate Laboratory Director. Members of this group can acquire assets, process assets and review the work of other analysts in their section. They cannot perform any undocumented changes to other analysts work in their section. They cannot access or view images outside of their section. They cannot delete assets owned by another analyst.
- III.A.6. TRAINING SUPERVISOR GROUP - This group is a laboratory level supervisory group for training coordinators. Membership is authorized by the appropriate Laboratory Director. This group has the same level of access as a laboratory supervisor; however, access is restricted to the training database only. They do not have access to the case database.
- III.A.7. TRAINING ANALYST GROUP - This group is a laboratory level group for trainees. Membership is authorized by the appropriate Laboratory Director. This group has the same level of access as a laboratory analyst; however, access is restricted to the training database only. They do not have access to the case database.
- III.A.8. ADAMS TECHNICIANS - This group is a system level group for Foray Technologies' service personnel. Membership is authorized by the Commander, or designee, and the Information Services Bureau (ISB). Members of this group have access at the system level and also have access to the training database for troubleshooting.

III.B. SYSTEM CONFIGURATION - Some system settings are user configurable. The following settings are outside the ADAMS default configuration settings.

- III.B.1. Asset Categories – These categories mirror sections in the laboratory and include one extra category called “Training.”

III.B.2. Asset Folders

- III.B.2.a. Crimes – This section mirrors LIMS crime types.
- III.B.2.b. Types – There is a separate folder “Type” for each section.
  - III.B.2.b.1. Case – Bio/DNA (BD)
  - III.B.2.b.2. Case – Firearms (FA)
  - III.B.2.b.3. Case – Footwear/Tire Track (FW)
  - III.B.2.b.4. Case – Latent Prints (LP)
  - III.B.2.b.5. Case – Other (OT)
  - III.B.2.b.6. Case – Questioned Documents (QD)\*
  - III.B.2.b.7. Quality Assurance (QA)
  - III.B.2.b.8. Training (TR)
  - III.B.2.b.9. Case – LIMS
  - III.B.2.b.10. Case - FWLIMS

\*As of June 1, 2014, ISP no longer accepts QD cases.

III.B.2.c. Format Type

III.B.2.c.1. For CALMS cases - When an asset folder is created, the user assigns a name that is the laboratory case number. The format for this number is eight characters [1-digit Alpha Lab Code][2 digit year number][6 digit case number extension].

III.B.2.c.2. For LIMS cases - When an asset folder is created, the user assigns a name that is the laboratory case number. The format for this number is twelve characters [ISP][2-digit year][dash][6-digit case number extension].

III.B.3. User Rights Management – This module controls the rights and privileges of all users accessing ADAMS. Different groups within ADAMS have different levels of access. The Illinois State Police Information Services Bureau (ISB) creates groups through Active Directory. Individual members are added and removed by ISB at the direction of the Forensic Sciences Command.

III.C. USE – Primarily, ADAMS is used for cases submitted to the Forensic Sciences Command. Only case related information is stored in the case database. System training and training related to new hires is an approved activity and uses the training database. Quality review is another approved activity and uses the QA database. Any other activities must be approved by Command, or the appropriate Laboratory Director.

III.D. SECURITY – ADAMS is for use by authorized persons only. Access to the system requires a user name and password. User names and passwords are the same as those used for accessing the Illinois State Police Wide Area Network (WAN) and are managed by ISB.

III.E. SERVICE AND SUPPORT – Service and support of the system is by authorized Foray Technologies service personnel only. Only routine maintenance functions such as back up and archive are performed by ISP personnel.

III.F. DATA STORAGE – Each laboratory has a server onsite with Redundant Array Independent Disks (RAID) providing redundant copies of all data at any given moment in time. The system can function with two hard drives out of service or damaged. The health of the server is monitored by Foray and DoIT. The system also has redundant Uninterrupted Power Supply (UPS) protecting data from power outage.

Foray servers are located at:

- III.F.1. Forensic Science Center at Chicago
- III.F.2. Joliet Forensic Science Laboratory
- III.F.3. Metro-East Forensic Science Laboratory
- III.F.4. Morton Forensic Science Laboratory
- III.F.5. Springfield Forensic Science Laboratory
- III.F.6. Rockford Forensic Science Laboratory

III.G. DATA BACKUP

- III.G.1. The server is constantly backed up to a service in the cloud.
- III.G.2. Foray monitors this service. No action is required by ISP staff.

IV. REFERENCES

- 1. Stroebel, L., Zakia, R. Encyclopedia of Photography, 3rd addition. Newton: Butterworth-Heinemann, 1993.
- 2. Foray Technologies. Authenticated Digital Asset Management System (ADAMS) User Manual Version 2.0. Foray Technologies, 2008.

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ORGANIZATION**

	<b>NAME</b>	<b>DATE</b>	<b>PAGE(S)</b>
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ORG 3	Function of Quality Assurance Program	08/13/25	3
ORG 4	Forensic Science Research and Development Laboratory	08/15/23	2



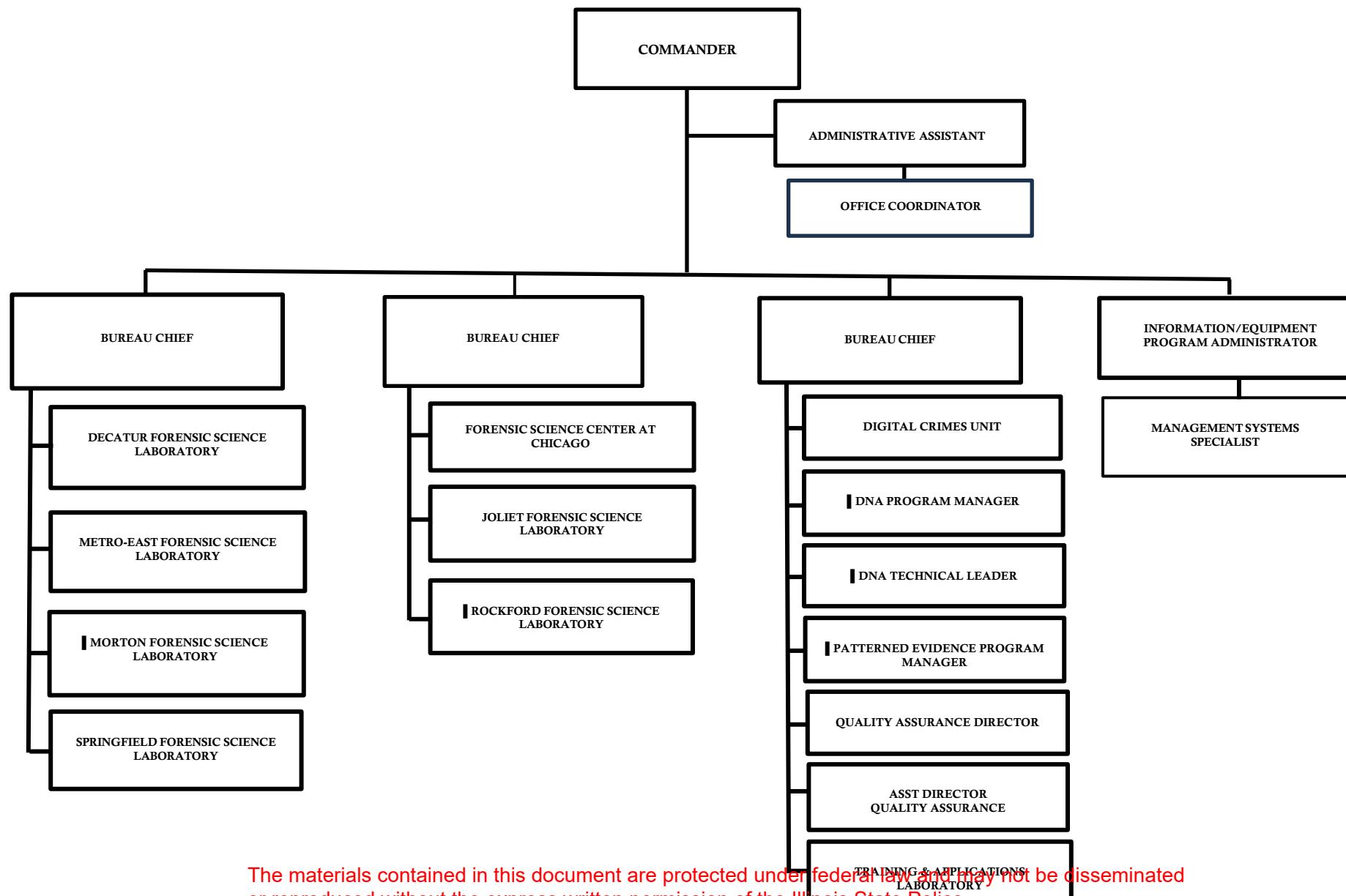
Date of Original Issue: 10/01/96	Policy: <b>ORG 1 - Organizational Structure</b> Page 1 of 2
Date of Revised Issue: 08/27/25	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-25-05	

## I. POLICY

The Forensic Sciences Command will be structured in a manner to promote the mission and goals of the Illinois State Police and to ensure the highest standards of forensic sciences and administrative services. This structure is shown on the following page in an organizational chart.

If a DNA Section of one of the laboratories within the Illinois State Police System has only one full-time DNA analyst, a full-time DNA analyst from another laboratory within the Illinois State Police will be temporarily assigned to that laboratory until the vacant DNA analyst position can be filled.

ILLINOIS STATE POLICE  
DIVISION OF FORENSIC SERVICES  
FORENSIC SCIENCES COMMAND





Date of Original Issue: 07/01/99	Policy: <b>ORG 2 - Functions of the Training Program</b> Page 1 of 2
Date of Revised Issue: 03/14/24	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-24-03	

## I. POLICY

The Forensic Sciences Command, consistent with the endeavor to provide and maintain quality forensic science services, will have a statewide training program.

The training program staff has the following major responsibilities:

- I.A. To train new laboratory personnel.
- I.B. To supervise assigned personnel.
- I.C. To advise command personnel regarding technical matters.
- I.D. To maintain analytical proficiency for the entirety of the scope in which they provide training.
- I.E. To analyze casework.
- I.F. To train other law enforcement personnel.
- I.G. To train command personnel.
- I.H. To participate in the Research & Development (R&D) program.
- I.I. To assist in the Command's Quality Assurance (QA) program (i.e., through the validation of internal proficiency test materials).
- I.J. To evaluate and write specifications for new instrumentation.

## II. PROCEDURE

- II.A. The number of trainees to be trained will be evaluated with each training cycle, the training program being presented, and the needs of the Command.
- II.B. The number of cases to be analyzed by the Training Coordinators will vary from section to section; however, as a minimum, it should not be less than 20 percent of their time if the coordinators have no trainees to train, no other major assignments, and the current backlog supports it.
- II.C. Since Training Coordinators are assigned to different laboratories and will analyze cases at these laboratories, each coordinator must ensure the following:
  - II.C.1. Training Coordinators and trainees must comply with all laboratory safety policies.
  - II.C.2. Laboratory management must maintain each Training Coordinator's job description based upon the laboratory's scope of accreditation.
  - II.C.3. Since Training Coordinators co-sign their trainee's reports, they must participate fully in the discipline's proficiency tests (e.g., DNA Training Coordinators may not just participate in the interpretation portion of the proficiency tests).

## ORG 2

- II.C.3.a. Every year, Training Coordinators must participate in the laboratory's external proficiency test program to the full extent of their individual job description based upon the laboratory's scope of accreditation.
- II.C.4. Training Coordinators must participate in the laboratory's annual quality assurance activities. The respective Laboratory Quality Manager implements these activities for each laboratory.
- II.D. The Director of Training or designee will monitor and ensure the Training Coordinators' participation in the quality assurance activities and proficiency test program.



## Forensic Sciences Command



Date of Original Issue: 10/01/96	Policy: <b>ORG 3 – Function of Quality Assurance Program</b> Page 1 of 3
Date of Revised Issue: 08/13/25	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-25-03	

## I. POLICY

The Forensic Sciences Command (FSC) has instituted interrelated processes including but not limited to the following in its endeavor to provide and maintain quality forensic science services:

- Command controlled documents (QM-3)
- Statewide Training Program (ORG 2)
- Quality Assurance Program (ORG 3)
- Research and Development Laboratory (ORG 4)

I.A. The Commander is responsible for the overall administration of these processes in the Forensic Sciences Command.

I.B. The Quality Assurance (QA) Program is the process by which policies concerning quality assurance are implemented and monitored at the FSC laboratories.

I.C. The QA Program's policies and procedures are documented in the Command Quality Manual (QM).

I.D. The objectives of the QA Program are listed in QM-1 but encompass the following elements:

- I.D.1. To maintain and improve the quality of forensic science services provided to our users.
- I.D.2. To identify quality-related concerns in all areas of operation and take corrective actions to prevent their recurrence.
- I.D.3. To heighten the awareness of all command employees regarding the importance of quality assurance.
- I.D.4. To effectively channel the efforts of all command staff into a comprehensive quality-oriented service.

## II. PROCEDURE

II.A. The Director of Quality Assurance (DQA) is accountable for managing the day-to-day operations of the QA Program. Through delegated authority, the Assistant Director of Quality Assurance (ADQA) performs various activities for which the DQA is responsible. The duties of the DQA are detailed in the Command Quality Manual (QM-3).

II.B. The DQA collaborates with key personnel in the Forensic Sciences Command to fulfill the QA Program's objectives:

- II.B.1 A Laboratory Quality Manager will be selected at each laboratory. This manager, in conjunction with the Laboratory Director, will be responsible for facilitating the quality program at the laboratory. This individual will be responsible for working directly with the Director of Quality Assurance on all quality matters involving his/her laboratory. The duties of the Laboratory Quality Manager are detailed in the Command Quality Manual (QM-3).
- II.B.2 The DNA Technical Leader(s) is responsible for working directly with the Director of Quality Assurance or designee on all quality matters (e.g. documents being reviewed, proficiency tests, reanalysis, etc.) involving DNA, and ensuring that all on-site visits prescribed in the FBI DNA Quality Assurance Standards (QAS) are conducted in a timely fashion.
- II.B.3 Toxicology Technical Leader is responsible for working directly with the Director of Quality Assurance or designee on all needed quality matters (e.g. Procedures Manual reviews, Quality Issue Reports, Quality Flags, other documents being reviewed, assisting with proficiency test reviews, etc.) involving Toxicology.
- II.B.4 Program Managers are responsible for working directly with the Director of Quality Assurance on quality matters assigned to them (e.g. revisions to quality documents, continuous improvement projects, preventive action, etc.) that involve their program areas.
- II.B.5. Quality Review (QR) Coordinator(s) are selected from each specialty.
  - II.B.5.a. The QR Coordinator will provide technical assistance to each section member.
  - II.B.5.b. The QR Coordinator will assess the quality of analysis of each section member and prepare QA activity reports for the Director of Quality Assurance.
  - II.B.5.c. Responsibilities of the Quality Review Coordinator are detailed in the Quality Manual (QM-3).

II.B.6. A QA Committee is established with the following duties:

II.B.6.a. A Quality Assurance Committee composed of all QR Coordinators, the DQA, and Laboratory Quality Managers will meet at least once each year to assess QA activities in the Command.

II.B.6.b. The Director of Quality Assurance will submit a summary report of the meeting to the Commander of the Forensic Sciences Command.



## Forensic Sciences Command



Date of Original Issue: 10/01/99	Policy: <b>ORG 4 - Forensic Science Research and Development Program</b> Page 1 of 2
Date of Revised Issue: 08/15/23	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-23-03	

## I. POLICY

- I.A. The Forensic Sciences Command will encourage and support its employees in conducting meaningful studies and research. To fulfill that goal, the Command will maintain a Forensic Science Research and Development (R&D) Program that will respond to the research needs of the operational laboratories and will develop and evaluate new analytical procedures.
- I.B. Specific required procedures have been developed concerning research conducted by the Command's personnel. These procedures have been established to:
  - I.B.1. Maintain effective management of the Command's research and development activities.
  - I.B.2. Organize the timely distribution of research findings and,
  - I.B.3. Provide administrative approval on projects presented to outside agencies by representatives of the Forensic Sciences Command.

## II. DEFINITIONS

- II.A. Validation Study – A process used to demonstrate that results produced from use of a specific method/procedure are suitable for a specific application.

A research/validation project is an activity which generally:

- II.A.1. Has the potential of producing significant results or information that should be shared within the Command.
- II.A.2. Requires that significant resources (time, money, etc.) be committed by the Command to accomplish this task.
- II.A.3. Is not required as a necessary part of individual case analysis.

- II.B. Performance Check – An evaluation of an existing validated procedure in the laboratory to ensure continued conformity to established specifications.

Performance checks are required:

- II.B.1. When a laboratory changes its physical location, or its infrastructure has been substantially modified to ensure the procedures still perform as previously noted.

- II.B.2. When a laboratory implements the use of a new instrument or software change (including upgrades) to ensure the results obtained are the same as those obtained using the previous instrumentation or software.
- II.B.3. For continued monitoring of instruments/methods to ensure they are yielding the expected results over time.

### III. RESPONSIBILITIES

- III.A. The Training and Applications Laboratory Director will be assigned to administer the R&D program. The responsibilities of the Training and Applications Laboratory Director and staff are to:
  - III.A.1. Solicit suggestions for research to improve casework methodology from Command personnel, literature and other sources.
  - III.A.2. Coordinate and/or perform research to develop new methods, evaluate new technical procedures, or to improve existing procedures.
  - III.A.3. Perform casework analysis to maintain analytical expertise where appropriate.
  - III.A.4. Identify, pursue, and coordinate research projects funded externally from grant awards, ensuring appropriate coordination with the Command's Grant Administrator.
  - III.A.5. Assist Command personnel with the development of experimental designs for projects and concept papers. Refer to Section II. Definitions, page 1, and Command Directive RES 1 for details regarding this responsibility.
  - III.A.6. Assist Command personnel in the preparation of presentations and written manuscripts for publication in scientific journals. The Command encourages employees to submit articles and give presentations. This provides an excellent means to share information with other forensic scientists while giving recognition to the employee and the Command.
    - III.A.6.a. Written manuscripts will be reviewed by R&D prior to submission for publication.
    - III.A.6.b. Technical presentations will be reviewed by R&D for technical as well as written accuracy.
  - III.A.7. Participate actively in regional and national scientific conferences, seminars, advisory committees, etc., for presenting and gathering up-to-date scientific information.
  - III.A.8. Arrange for collaborative studies, coordinate a scientist exchange program, research internship program, visiting scientist program etc., to facilitate the exchange of technical information as the opportunities arise.
  - III.A.9. Assist with in-service or initial training as requested.
  - III.A.10. Review all intern research/validation projects to ascertain if the projects meet the definition of a research project as listed previously (Section II.A.).

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**ILLINOIS  
STATE POLICE  
Division of Forensic Services  
Forensic Sciences Command**



**LABORATORY SERVICES  
AND  
INFORMATION**

## FORENSIC SCIENCES COMMAND

The Forensic Sciences Command Headquarters administers the forensic science laboratory system. There are six operational laboratories and one Training and Application Laboratory located throughout the state, each responsible for the analysis and evaluation of evidence. Services provided by the forensic science laboratories include the examination and comparison of firearms, latent fingerprints, impressions, and toolmarks, as well as analysis in forensic biology/DNA, chemistry, trace materials, microscopy, and toxicology.

### **Forensic Sciences Command Headquarters**

801 South 7<sup>th</sup> Street, Suite 900-A  
Springfield, IL 62794-9461  
(217) 782-4649  
(217) 524-6908 (FAX)

### **Forensic Science Center at Chicago (FSC-C)**

1941 West Roosevelt Road  
Chicago, IL 60608-1248  
(312) 433-8000  
(312) 433-8040 - LD Fax  
(312) 433-8044 - Biochemistry Fax  
(312) 433-8068 - Chemistry Fax  
(312) 433-8048 - Criminalistics Fax  
(312) 433-8046 - DNA Fax  
(312) 433-8042 - Evidence Receiving Fax  
(312) 433-8047 - Programs/Fiscal Fax  
(312) 633-3977 - Toxicology Fax  
(312) 433-8041 - Micro/Trace Fax

### **Joliet Forensic Science Laboratory**

515 East Woodruff Road  
Joliet, IL 60432-1260  
(815) 740-3543  
(815) 740-2795 (FAX)

### **Metro-East Forensic Science Laboratory**

2220 West Main Street  
Belleville, IL 62226  
(618) 222-8400  
(618) 222-8444 (FAX)

### **DuQuoin Evidence Receiving Station**

391 Washington Street  
DuQuoin, IL 62832  
(618) 542-1183

### **Morton Forensic Science Laboratory**

1810 South Main  
Morton, IL 61550-2983  
(309) 284-6500  
(309) 284-6504 (FAX)

### **Rockford Forensic Science Laboratory**

200 South Wyman, Suite 400  
Rockford, IL 61101-1230  
(815) 987-7419  
(815) 987-7986 (FAX)

### **Training and Application Laboratory**

2060 Hill Meadows Drive, Suite 1  
Springfield, IL 62702-4670  
(217) 557-2399  
(217) 557-3989 (FAX)

### **Springfield Forensic Science Laboratory**

825 N. Rutledge, SCLF 4th Floor  
Springfield, IL 62702-9611  
(217) 782-4975  
(217) 524-1752 (FAX)

### **Toxicology Section**

2060 Hill Meadows Drive, Suite 2  
Springfield, IL 62702-4670  
(217) 782-4975  
(217) 785-7555 (FAX)

### **DNA Indexing Unit (CODIS)**

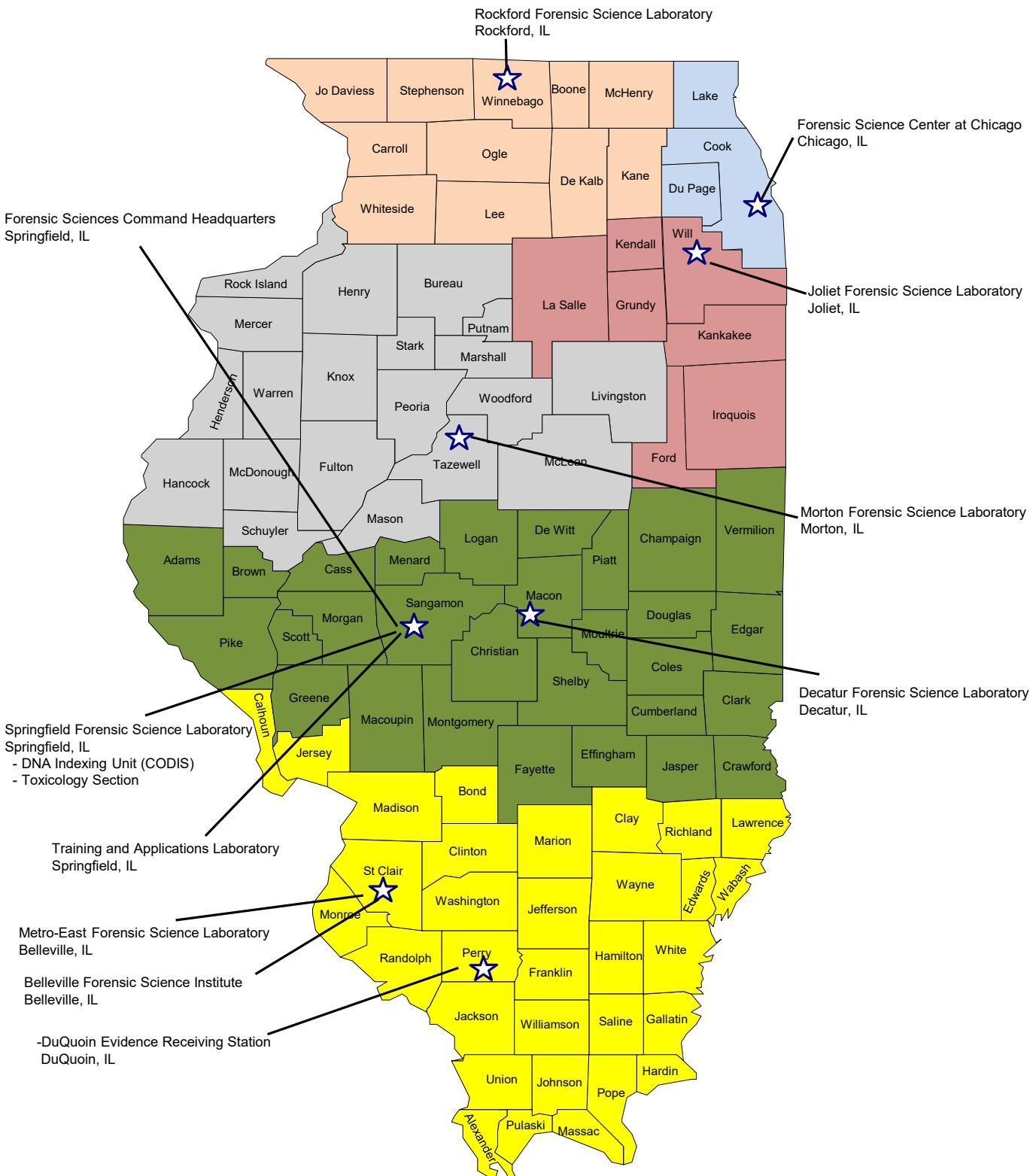
3710 East Lakeshore Drive  
Springfield, IL 62712  
(217) 782-4975  
(217) 786-6956 (FAX)

### **Decatur Forensic Science Laboratory**

1053 W. Rotary Way  
Decatur, IL 62521-9082  
(217) 619-7179

**1 (800) 255-3323 TDD for all above numbers**

**ILLINOIS STATE POLICE**  
Division of Forensic Services  
Forensic Sciences Command



## ORG Appendix 2

**SERVICES OFFERED:** The following is a partial list of services offered by the Forensic Sciences Command:

Adhesive Tape Analysis

Alcohol Analysis (Open Liquor Bottle)

Arson Residue Analysis

Blood: Indication

Determination of Species

Deoxyribonucleic acid (DNA)

Biological Material (hair, bone, tissue), DNA

Chemical Analysis

Drug Identification (Dangerous Drugs and Steroids)

Driving Under the Influence (DUI) Testing

Fabric Impression Comparison

Fibers Identification and Comparison

Firearms: Firearms Examination

Bullet and Cartridge Comparison

Malfunction/Operating Condition

Muzzle to Clothing Contact Examination

National Integrated Ballistic Information  
Network (NIBIN)

Footwear Comparison

Gun Shot Residue Analysis by SEM/EDX

█ Hair Examination

Identification of Dead through Fingerprints

Latent Finger and Palm Prints: Processing,  
Evaluation, and Comparison, ABIS, NGI

Marijuana Identification

Paint Comparison

Paint Data Query (PDQ)

Paternity Testing – criminal cases only

Physical Matches

Plastic Comparisons

Saliva Indication, DNA

Seminal Stains Identification, DNA

Serial Number Restoration

Tire Track Comparison

Toolmark Comparison

Toxicological Analysis

Training Session in Crime Scene Processing  
and Fingerprints

Training Session in Evidence Packaging and Handling

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Date of Original Issue: 07/01/99	Policy: <b>PER 1 - Other Administrative Transactions</b> Page 1 of 2
Date of Revised Issue: 04/14/17	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-17-02	

## I. POLICY

Laboratory Directors and other assigned administrative personnel should handle all personnel and fiscal issues with the appropriate liaison at Command Headquarters. Other administrative transactions should be directed to the staff support manager, or his/her designee, with the following exceptions.

## II. PROCEDURE

### II.A. Personnel/Fiscal Matters

II.A.1. Personnel/fiscal questions should be directed to the personnel/fiscal liaison at Command Headquarters.

### II.B. Division of Administration

II.B.1. Questions on the following matters may be directed to "Public Safety Shared Services" as indicated below:

#### II.B.1.a. By employee:

II.B.1.a.1. Deferred Compensation and Roth IRA – 217-557-6010, ext. 4115  
 II.B.1.a.2. Worker's Compensation claims – 217-557-6010, ext. 4415  
 Note: Refer to the Command Safety Manual for reporting procedures and contact the Administrative Officer at Command Headquarters if questions arise.

II.B.1.b. Inquiries from Laboratory Directors (LD), Assistant Laboratory Directors, or personnel liaison, unless otherwise directed:

II.B.1.b.1. Any insurance questions – 217-557-6010, ext. 2107  
 II.B.1.b.2. Flexible Spending Account Program – 217-557-6010, ext. 2107

II.B.2. Retirement: Employees should contact the State Employees' Retirement System (SERS) directly for all retirement information (e.g., retirement estimates, etc.).

II.B.2.a. [http://srs.illinois.gov/SERS/home\\_sers.htm](http://srs.illinois.gov/SERS/home_sers.htm)  
 II.B.2.b. Springfield Office – 217-785-7444  
 II.B.2.c. Chicago Office – 312-814-5853

■ II.B.3. Timekeeping: Division Timekeeper – 217-785-1187

- II.B.3. a. Employees should notify their immediate supervisor via email about any specific issues/concerns regarding:
  - II.B.3.a.1. CMS eTime System
  - II.B.3.a.2. Timekeeping discrepancies (e.g., earnings, balances, etc.).
- II.B.3.b. If additional assistance is needed, the supervisor should email the Division Timekeeper, copy the LD, and the Command Personnel Liaison.

II.B.4. Payroll: Contact the Command Personnel Liaison.



## Forensic Sciences Command



Date of Original Issue: 12/01/98	Policy: <b>PER 2 - Exit Interviews</b> Page 1 of 1
Date of Revised Issue: 1/10/19	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-19-02	

## I. POLICY

It is the policy of the Forensic Sciences Command (FSC) that a Command employee who is resigning or being terminated will be given an exit interview by their immediate supervisor or designee prior to the specific date of separation.

## II. PROCEDURE

II.A. After the interview, if the employee has not completed an Illinois State Police (ISP) Exit Interview Form, ISP 2-293, the supervisor will provide the employee with the form along with an envelope addressed to the Illinois State Police, Affirmative Action Officer, 801 S. Seventh Street, Suite 100-S, Springfield, IL 62703-2487. Refer to ISP Policy PER-39 for further information.

II.B. If information is obtained during an exit interview that is of immediate line concern, the information should be verbally forwarded through the chain of command.



## Forensic Sciences Command



Date of Original Issue: 01/27/97	Policy: <b>PER 3 - Secondary Employment for Employees</b> Page 1 of 2
Date of Revised Issue: 03/31/15	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-15-03	

## I. POLICY

It will be the policy of the Command to allow secondary employment for employees providing that the below listed requirements are followed as well as the requirements and procedures detailed in the Illinois State Police (ISP) Directive PER-35.

- I.A. Secondary employment requests may be considered for approval for employees engaged in work:
  - I.A.1. Within their areas of expertise in capacities such as a crime scene, forensic scientist, examiner and/or expert, or
  - I.A.2. Outside of or not relevant to the area of expertise (e.g. sales clerk at a retail store).
- I.B. Secondary employment relating to criminal cases within Illinois will not be approved.
- I.C. Secondary employment requests relating to civil cases in Illinois with no foreseeable criminal prosecution may be considered for approval.
- I.D. Secondary employment requests relating to civil cases outside Illinois with no foreseeable criminal prosecution may be considered for approval.
- I.E. Any employee engaged in secondary employment relating to criminal cases outside Illinois must inform the respective Bureau Chief through the chain of command. Employees involved in these cases are not representing the Illinois State Police (ISP) and will so notify the employing agency and testify accordingly.
- I.F. Any employee will cease private employment when it becomes apparent that a particular case would normally be worked by the Forensic Sciences Command (FSC).
- I.G. Employees engaged in working civil cases in Illinois, upon given knowledge that a case will become a criminal case, will cease private employment on that particular case. To continue working the case with knowledge that it is now a criminal case would represent a conflict of interest.
- I.H. The employee's immediate supervisor is responsible for performing semi-annual reviews of approved secondary employment. These reviews are to be conducted as per ISP Directive PER-35 (Secondary Employment), Section III.F. The reviews will be conducted in March and September and will be documented on the reverse side of the Request for Secondary Employment Form (ISP 2-72). The original forms will be maintained at the laboratory. An e-mail will be sent to the Command Personnel Liaison noting that the review has been completed and include a list of any revisions, new requests, and/or name of those to be removed (secondary employment no longer applies or was not approved). If secondary employment was discontinued, include the date that it was discontinued.

- I.I. For requests from within the FSC, the term "Work Unit Command" on the Request for Secondary Employment Form (ISP 2-72) refers to the Forensic Sciences Command Headquarters. All new secondary employment request forms must be forwarded to Command for the approval of the Commander or his/her designee. This includes incidental employment requests. Once approved, a scanned copy will be e-mailed to the laboratory and a copy will be maintained at Command Headquarters.



## Forensic Sciences Command

Date of Original Issue: 01/27/97	Policy: <b>PER 4 - Overtime Authorization</b> Page 1 of 3
Date of Revised Issue: 05/16/2024	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-24-04	

## I. POLICY

Illinois State Police (ISP) Directive PER-026, Overtime, and Forensic Sciences Command policy require that all occasions of overtime (OT) work must be authorized in advance by a supervisor within the employee's direct chain-of-command.

## II. PROCEDURE

- II.A. Travel time is defined as overtime when such travel is in excess of the normal work day, reasonably necessary and unavoidable, and is not time spent traveling to and from non-mandatory training sessions and similar activities.
- II.B. All overtime requests must be submitted for supervisor approval through an approved format (e.g., CMS eTime System, Grant Overtime Program, etc.). Once worked, requests must be completed on a timely basis by the employee and approved by the supervisor through the CMS eTime System and/or Grant Overtime Program, in accordance with laboratory policy. Overtime requests must include justification, specifics on what was accomplished during the overtime in addition to the type of overtime worked.
- II.C. It is the Laboratory Director's responsibility to ensure overtime funds are used appropriately and within allotted amounts.
- II.D. Compensation
  - II.D.1. Overtime will be compensated in line with Command Directives and established bargaining unit agreements.
  - II.D.2. Overtime will be documented in eTime and compensated in accordance with payroll timeframes.

II.D.3. For staff who elect compensatory time in lieu of cash payment, the following guidelines will be used.

II.D.3.a. Compensatory time may be earned to the limit established in Command Directive PER 9.

II.D.3.b. Staff may request and must receive approval from laboratory management for compensatory time to be earned in lieu of paid overtime prior to working the overtime. NOTE: The ability to earn compensatory time applies ONLY to General Revenue (GR) funds.

II.D.3.c. Compensatory time will be approved for USE when the section to which the forensic scientist is assigned has met or exceeded the required state-wide section turnaround times in the most recent **MONTHLY CASE STATISTICS REPORT** at the time the request is made.

- Drug Chemistry 30 days
- Toxicology 30 days
- Forensic Biology/DNA 30 days
- Latent Prints 30 days
- Firearms 30 days
- Micro/Trace 30 days
- DNA Indexing 30 days

II.D.3.d. Forensic Scientists and State Police Evidence Technician IIs (ETII2) may earn compensatory time for performing casework assignments related to preliminary screening and/or preparation of evidence for lab analysis (e.g. sub-itemizing CSA kits, cutting or swabbing Forensic Biology items). This earned compensatory time will be approved for USE when the section for which the screening/preparatory work was performed has met or exceeded the required state-wide section turnaround times as listed above in II.D.3.c.

II.D.3.e. Compensatory time usage must not result in the use of additional overtime to cover a shift or operational need in the laboratory.

#### II.E. Cost Center Requirements

II.E.1. Overtime authorized from GRANT FUNDING (e.g. Biology/DNA Backlog Reduction Grant, etc.) is NOT eligible for compensatory time and must be monetarily paid.

II.E.2. Overtime authorized from FEE FUNDS (e.g. CC366, CC368, etc.) is NOT eligible for compensatory time and must be monetarily paid.

II.E.3. General Revenue Funds are the ONLY funds authorized for consideration of both monetary or time compensation as outlined in II.D.3 above.

#### II.F. Routine (Voluntary) Overtime (Paid or Compensatory time) Allocation Eligibility Guidelines:

On a monthly basis, each Laboratory Director (LD) will determine overtime (OT) allocations by section within his/her respective laboratory, based on operational need. IF the Laboratory Director determines a section will receive an allocation of OT for that month, the Laboratory Director or designee will allocate OT to eligible individuals in that section using the following criteria:

- II.F.1. Eligibility for OT requires an employee to have met or exceeded all casework related objectives, as listed in Parts I and II of the employee's Annual Performance Evaluation document (CMS-201), for the previous month. Cases worked will be normalized to the Productivity/Case Expectations based on the number of OT hours worked in determining whether an employee has met or exceeded appropriate objectives.
- II.F.2. Unless the Laboratory Director or designee determines there are sufficient extenuating circumstances which precluded the employee from meeting or exceeding the casework related objectives for the previous month, failure to meet or exceed these objectives will result in that employee being ineligible for OT for the next month. Examples of extenuating circumstances include but are not limited to; use of vacation or other approved benefit time; size and/or complexity of case types including cases with an unusually large number of exhibits; assignment to special projects for all or part of the month; training and competency testing in new technology; other approved activities.
- II.F.3. An employee who is found to be ineligible for OT based on the criteria defined in II.F.1. and II.F.2. above will be notified of his/her ineligibility should OT be distributed to other eligible section members. Should an employee be so notified, the employee may request to meet with the supervisor to discuss the reasons for the ineligibility.
- II.F.4. Since eligibility will be determined on a monthly basis, an ineligible employee (as described in II.F.3. above) will have OT eligibility restored for a subsequent monthly OT allocation, provided the employee meets the criteria in II.F.1. and II.F.2. above.



## Forensic Sciences Command



Date of Original Issue: 07/30/97	Policy: <b>PER 5 - Performance Evaluations/Promotions</b> Page 1 of 2
Date of Revised Issue: 05/31/18	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-18-04	

## I. POLICY

It is the responsibility of the Laboratory Directors to obtain the respective anniversary dates and submit the performance evaluation when necessary. ISP directive PER-102 provides additional information, however the time frames below supersede those specified in the department directive regarding annual performance evaluations. This policy also outlines considerations for inclusion in performance evaluations.

## II. PROCEDURE

- II.A. A performance evaluation (CMS-201) must be submitted to Command administration via the transfer server (scanned or submitted with electronic signatures) no later than two (2) weeks after it is due. Contact the Command Personnel Liaison if another mechanism (postal or intra-agency mail) is required due to special circumstances. A merit compensation performance evaluation (CMS-201 MC) may be completed two (2) weeks prior to the due date in order for the employee to receive their increase in a timely manner, if applicable. These time frames are not applicable for promotions.
- II.B. Interim performance evaluations may be prepared as needed.
- II.C. Signatures may be affixed to the CMS-201 or CMS-201 MC either in ink or by “converting” the form to accept digital signatures using the check box in the Part VI heading. If utilizing the digital signature version, only digital signatures obtained through the Illinois Department of Innovation and Technology (DoIT) will be accepted. The recipient (e.g., supervisor, next level supervisor or designee, etc.) must verify the digital signature. If a digital signature is determined not to be valid, the form will be rejected.
- II.D. Be sure to add sufficient space for the employee and supervisor(s) to initial and date each addendum page to a performance evaluation (CMS-201 and CMS-201 MC). This addition will indicate that the page was acknowledged by all parties.
- II.E. No changes can be made to an evaluation after an employee signs the evaluation unless the employee and supervisor mutually agree to the change. All such changes must be initialed on forms with inked signatures. If a change is required on a digitally signed form, it must be edited appropriately and re-signed by both the employee and supervisor.
- II.F. If a significant number of changes are necessary on a form with inked signatures, the employee and supervisor should mutually rework the evaluation before forwarding the properly signed and initialed document to Command headquarters administration.
- II.G. Electronically submitted forms will use a filename consisting of the following format: Last Name\_First Name\_EVAL\_EvalType\_Lab\_EvalEndDate.pdf. The date will use the yyyyymmdd format. For example, an annual evaluation for FSIII John Q. Public from FSC-C whose anniversary date is April 1, 2018 would be named: Public\_John\_EVAL\_Annual\_FSCC\_20180331.pdf

II.G.1. A middle initial will be required only in situations where multiple employees have the same first and last names.

III. Evaluation Considerations

- III.A. Productivity (in Part II of CMS-201 and Part III of CMS-201 MC): A summation of the work product generated by an individual in a particular job title and all associated duties. For Forensic Scientists, this not only includes casework productivity (i.e., the number and types of cases worked), but also all other assigned non-casework duties.
- III.B. Quality: The accuracy, completeness, and thoroughness of work product of an individual in a particular job title and associated duties. Court compliance and feedback may be included.
- III.C. Overall contributions: May include laboratory, section, or state-wide assignments or duties.
- III.D. Professional Development: May include career enrichment activities such as professional meetings, memberships, training, research, etc.

IV. Promotion to Forensic Scientist I

- IV.A. Individuals hired as Forensic Scientist Trainees will remain in that title for the duration of their training program.
- IV.B. A promotional evaluation (CMS-201) must be submitted to Command Administration two months before the expected end of the training period.
- IV.C. The Forensic Scientist Trainee must apply for a grade for Forensic Scientist I using the CMS-100B Promotional Employment Application form no later than two months before the expected end of their training period.
- IV.D. The operational laboratory to which the trainee has been assigned will be responsible for ensuring a vacant Forensic Scientist I position exists.
- IV.E. A Personnel Action Request (PAR) form for the promotion will be prepared by the laboratory where training is taking place.



Date of Original Issue: 08/01/98	Policy: <b>PER 6 - Flextime</b> Page 1 of 2
Date of Revised Issue: 08/27/2025	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-25-05	

## I. POLICY

Each Forensic Sciences Command organizational unit will be allowed to implement flextime requests to the extent that operational mandates are not compromised. As with four-day work week requests (see PER 11 - Four-Day Work Week), approved work schedules must ensure each forensic science service specialty is scheduled to be staffed by a qualified forensic scientist from 8:30 a.m. to 5:00 p.m. on regularly scheduled business days.

## II. DISCUSSION

- II.A. The Forensic Sciences Command recognizes that personal needs occasionally may arise which could be accommodated by a flexible work schedule. Approval of flextime requests must balance operational mandates with employee personal needs.
- II.B. Each Laboratory Director must use sound management practices to ensure that operational disruptions at the facility are minimized as much as possible.
- II.C. Individuals currently on flextime schedules will remain on flextime only if operational needs are not disrupted. In accordance with PER 14 - Annual Review of Alternate Work Schedules, each Laboratory Director will review, on an annual basis, flextime positions to ensure that the spirit of this policy is followed.
- II.D. The Laboratory Director may permanently/temporarily reassign an individual to an 8:30 a.m. - 5:00 p.m. shift because of operational needs. If permanent reassignment occurs, a memorandum stating the reasons for reassignment must be sent to Command.

## III. PROCEDURE

- III.A. Request for flextime requires approval in accordance with PER 14 and must subsequently go through the chain-of-command. **Therefore, a request form\* must be submitted two weeks in advance of the date requested for implementation.**

\*To download the form: [ISP Portal - Document Library - All Items](#)

- III.A.1. A request approved by the Laboratory Director will be forwarded to the Command Personnel Liaison.

**PER 6**

- III.A.2 If approved by the Bureau Chief, the Command Personnel Liaison will forward the approval to the Laboratory Director and Laboratory Personnel Liaison as well as the Division Timekeeper.
- III.B. No individual will start a flextime schedule prior to receiving approval from Command.
- III.C. Whenever an employee requests to return to regular hours (8:30 a.m. - 5:00 p.m.), a request form will be completed checking the box next to "Return to Normal Work Hours" and forwarded to the Command Personnel Liaison.
  - III.C.1. Once approved by the Bureau Chief, the Command Personnel Liaison will forward the request to the Division Timekeeper.
  - III.C.2. Approval/acknowledgment to return to regular hours will be forwarded to the Laboratory Director and Laboratory Personnel Liaison.
- III.D. Individuals who transfer to a different work location are required to complete a new form. Schedules are approved based on operational need at the new employment site.
- III.E. Any questions regarding rules, procedures, and administration of flextime are to be directed to the Command Personnel Liaison.



Date of Original Issue: 01/27/97	Policy: <b>PER 8 - Court Testimony for Employees on a Leave of Absence</b> Page 1 of 1
Date of Revised Issue: 03/14/24	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-24-03	

## I. POLICY

Forensic Sciences Command employees on a leave of absence who are subpoenaed for court appearances in reference to forensic examinations performed by them will be compensated by the Illinois State Police for both travel expenses and time spent in court. The guidelines established by the Governor's Control Board and the Illinois State Police for travel expense reimbursement will apply and be followed.

## II. PROCEDURE

- II.A. The employee on extended leave will be responsible to complete a Verification of Court Time form (PER Appendix 2) and have the form signed by the attorney issuing the subpoena.
- II.B. Compensation for time spent in court will be based on the employee's most recent hourly salary. Court time can be accrued in increments of 15 minutes. Court time in less than 15-minute increments will not be accrued. Travel hours are compensated.
- II.C. The employee will forward the Verification of Court Time form to their respective laboratory director who will report the travel on a Travel Voucher. The verification form must accompany the Travel Voucher for processing and subsequent payment.
- II.D. The laboratory timekeeper will use the Verification of Court Time form to report the court time in order for wages to be paid. The verification form must accompany the time sheet for processing and subsequent payment. However, if the employee is on a disability leave and is receiving benefits through SERS, only payment for travel expenses will be paid.
- II.E. An employee on a medical leave of absence, who is medically released to testify, must forward a release signed by the doctor to his/her supervisor in advance of the court appearance.



## Forensic Sciences Command



Date of Original Issue: 03/04/97	Policy: <b>PER 9 - Compensatory Time</b> Page 1 of 2
Date of Revised Issue: 05/16/2024	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-24-04	

## I. POLICY

Labor contracts and department resources dictate the use at times for the earning of compensatory time. Compensatory time earned will be in accordance with labor agreements, department policy, and Command procedures. Compensatory time must be authorized in advance by a supervisor within the employee's chain-of-command.

## II. PROCEDURE

- II.A. The following procedures will be followed for bargaining unit personnel in which earning of compensatory time is a provision:
  - II.A.1. Laboratory Directors may authorize compensatory time in accordance with Command Directive PER 4 when they direct work to be performed and when requested by the employee in advance. Employees must obtain prior approval from their supervisor before working Holiday Time.
  - II.A.1.a Compensatory Time is generally earned with activities such as court travel, required trainings, and required travel.
  - II.A.2. Compensatory time earned during the fiscal year must be taken within the fiscal year it was earned consistent with operating needs of the laboratory as defined in Command Directive PER 4. Employees whose position titles are within the AFSCME agreement, may request approval for use of earned compensatory time as follows:
    - II.A.2.a. Compensatory time **earned prior to June 1** must be approved for use by June 30 or scheduled and approved by June 30 to be used no later than August 15.
    - II.A.2.b. Compensatory time **earned in June** must either be approved for use by June 30 or scheduled and approved by that date to be used no later than August 15.
    - II.A.2.c. Compensatory time not scheduled and approved for use by June 30 is liquidated and paid at the rate it was earned.

- II.A.3. Each Laboratory Director is responsible for submitting a report to his/her Bureau Chief by the end of the first full week of June, unless otherwise communicated, verifying that compensatory time earned prior to June 1 is scheduled to be taken no later than August 15 or it will be liquidated as paid time.
  - II.A.3.a. The report will outline the Laboratory Director's plan to ensure any compensatory time earned June 1 or after is scheduled to be taken before August 15 or it will be liquidated as paid time.
- II.A.4. No employee may carry more than 37.5 hours of compensatory time on the books unless preapproved by the Bureau Chief or Commander.
- II.A.5. No employee may use more than 15 hours of consecutive compensatory time unless preapproved by the Bureau Chief or Commander. They may, however, use compensatory time in conjunction with vacation or personal business time.
- II.A.6. Supervisory approval of all overtime earned and used will be documented by the employee in the CMS eTime System.

- II.B. It is imperative that the Laboratory Director monitor this program closely to ensure that all compensatory time earned during the fiscal year has been accounted for in accordance with this policy and Command Directive PER 4 and that accurate records are maintained.
- II.C. All time (i.e., personal, vacation, sick, compensatory time) taken, will be documented and approved in the CMS eTime System.
- II.D. Any unused compensatory time will be liquidated at the end of the fiscal year in which it was earned.



Date of Original Issue: 07/01/99	Policy: <b>PER 10 – Court Testimony for Former Employees</b> Page 1 of 1
Date of Revised Issue: 01/18/24	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-24-02	

## I. POLICY

Courts may require testimony from former employees of the Illinois State Police, Division of Forensic Services, Forensic Sciences Command.

## II. PROCEDURE

### II.A. Laboratory Directors must respond to such requests for testimony as follows:

II.A.1. An employee who has resigned his/her position in good standing: do not rework these cases. Advise the attorney issuing the subpoena to serve this person at his/her present address. The Illinois State Police (ISP) does not pay any related costs for this testimony.

II.A.2. An employee who has resigned his/her position with improper job performance: discuss with the state's attorney and, if required, rework these cases and ensure the new analyst is available to testify.

II.A.3. Deceased employees: on a case-by-case basis discuss with the state's attorney and, if required, rework these cases and ensure the new analyst is available to testify.

II.A.4. Testimony in civil cases against the employee (pursuant to the ISP employment) or the department: A former State employee who is a defendant or a witness in any civil proceeding will be reimbursed for travel expenses, per diem and an attendance fee for each day the Attorney General certifies that the former employee is reasonably needed. Reimbursement for travel expenses and per diem will be at the normal state rate. The attendance fee will be the amount of wages or other income actually lost by the former employee as a result of time spent in the defense of such proceedings.

II.B. If the situation occurs when a former employee cannot be contacted, is uncooperative with the prosecutor's office, charging an exorbitant witness fee or is otherwise unavailable to testify, the Laboratory Director may offer the prosecutor the option of having an administrative/technical reviewer appear in court to read the former employee's report into the court record. This option is to be exercised as a last resort subject to acceptance of the court. The Laboratory Director must clearly and strongly emphasize to the prosecutor that this option is not a substitute for having the original analyst testify. In addition, the prosecutor must be advised of the limitations of the administrative/technical reviewer's testimony. The administrative/technical reviewer may answer questions about information included in the case file, general scientific questions, and ISP policies, protocols and procedures. Based on the administrative/technical review of the case file and report, the reviewer can testify as to his/her scientific opinion; however, that testimony is limited only to the information or data contained in the file. The administrative/technical reviewer can testify that the data contained in the case file supports the conclusions reached by the original analyst, but the administrative/technical reviewer cannot testify as if he/she performed the work done by the former employee.



## Forensic Sciences Command



Date of Original Issue: 04/01/01	Policy: <b>PER 11 - Four-Day Work Week</b> Page 1 of 2
Date of Revised Issue: 08/27/25	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-25-05	

## I. POLICY

The Forensic Sciences Command supports the four-day work week if operational needs can be met and the four-day work week is administered in accordance with the provisions of any formal agreement or contract. Each Forensic Sciences Command organizational unit will be allowed to implement four-day work week requests to the extent that operational mandates are not compromised. As with flextime requests (see PER 6-Flextime), approved work schedules must ensure each forensic science service specialty is scheduled to be staffed by a qualified forensic scientist from 8:30 a.m. to 5:00 p.m. on regularly scheduled business days.

## II. DISCUSSION

- II.A. The Forensic Sciences Command recognizes that personal needs occasionally may arise which could be accommodated by a four-day work schedule. Approval of four-day requests must balance operational mandates with employee personal needs.
- II.B. Each Laboratory Director must use sound management practices to ensure that operational disruptions at the facility are minimized as much as possible.
- II.C. Individuals currently on four-day schedules will remain on four-day only if operational needs are not disrupted. In accordance with PER 14-Annual Review of Alternate Work Schedules, each Laboratory Director will review, on an annual basis, four-day positions to ensure that the spirit of this policy is followed.
- II.D. The Laboratory Director may permanently/temporarily reassign an individual to a five-day schedule (8:30 a.m. - 5:00 p.m. shift or flextime) because of operational needs. If permanent reassignment occurs, documentation stating the reasons for reassignment must be sent to Command.
- II.E. Management positions (including temporary assignments to a management title) will not be eligible for a four-day work schedule, but may be allowed to work a five-day flex schedule, at the discretion of the Laboratory Director.

## III. PROCEDURE

- III.A. A request for a four-day work week requires approval in accordance with PER 14 and must subsequently go through the chain-of-command. **Therefore, a request must be submitted two weeks in advance of the date requested for implementation.**
- III.B. The Illinois State Police Flexible Hours/Four-Day Work Week Request form (ISP 2-002 - Flex Hours Schedule Opportunity)\* must be completed by the employee and forwarded through the chain to the Laboratory Director. The "Reason for Request" portion must indicate specifically why this schedule is being requested (e.g., section coverage, court, etc.).

\*To download the form: [ISP Portal - Document Library - All Items](#)

- III.B.1 If the Laboratory Director approves the request, it will be forwarded to Command to the attention of the Command Personnel Liaison.
- III.B.2. If approved by the Bureau Chief, the Command Personnel Liaison will forward the approved request form to the Division Timekeeper.
- III.B.3. The Command Personnel Liaison will notify the Laboratory Director and Laboratory Personnel Liaison of the approved schedule request.

- III.C. An employee can be directed to temporarily revert to a five-day work week if operational needs dictate (e.g., court, training, etc.). If that should occur, a request form should be completed and approved through the Laboratory Director. The approved copy should be forwarded to the Division Timekeeper, with a carbon copy (cc) to the Command Personnel Liaison, indicating their schedule change for that week.
- III.D. If an employee wants to discontinue a four-day work week, a new form must be submitted from the employee indicating the request to return to a five-day work week.
  - II.D.1. The form must be submitted two weeks in advance of the requested effective date.
  - II.D.2. The Command Personnel Liaison will forward it to the Division Timekeeper.
  - II.D.3. Approval/acknowledgment of returning to a five-day work week will be forwarded to the Laboratory Director and the Laboratory Personnel Liaison.



Date of Original Issue: 10/01/96	Policy: <b>PER 12 - Applicant Interviewing and Selection Procedures for Forensic Scientist</b> Page 1 of 3
Date of Revised Issue: 06/29/17	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-17-03	

## I. POLICY

A goal of the Forensic Sciences Command is to staff our laboratories with only the highest caliber, most qualified personnel. In order to accomplish this goal, it is the policy of the command to utilize a fair, consistent hiring program which evaluates all aspects of a prospective employee's potential to become a successful forensic scientist.

## II. PROCEDURE

### II.A. Employment Interview

The Command will utilize a single interview format and conduct the interview in accordance with RUTAN interview requirements, as applicable.

#### II.A.1. Interview Process

- II.A.1.a. Upon receipt of the eligibility list provided by the Department of Central Management Services (CMS) for the job titles to be filled, the Command Staff Support Manager or designee will send letters to potential candidates regarding the interview; date, time, location, and materials required for the interview.
- II.A.1.b. Only candidates who received an A grade from CMS and possess a degree in one of the acceptable sciences or a closely related field will be considered for scientific positions.
- II.A.1.c. The interview team(s) will be selected by the Commander.
- II.A.1.d. Whenever possible, the interview will be conducted at Command Headquarters in Springfield.
- II.A.1.e. A standard list of questions will be asked each candidate with all answers recorded. Areas to be covered will include education and training, knowledge and experience, and may also include communication, personal projection, analytical aptitude, judgment, ethics, organizational skills, interpersonal relations, and adaptability.
- II.A.1.f. The interview team(s) will have a meeting to discuss logistics, schedule, and interview goals. Upon completion of the interviews, a close out meeting will be held to discuss the process.

- II.A.1.g. A list of candidates will be developed for final selection.
- II.A.1.h. All candidates will be informed at the interview that a polygraph examination and a background investigation will be conducted on the successful candidates. Proper release forms will be obtained.

II.B. Background

- II.B.1. Upon completion of the interview(s), Command will prepare a list of final candidates to whom conditional offers of employment will be made.
- II.B.2. Upon acceptance of the offer, the Command Staff Support Manager or designee will notify the final candidates of the requirement to make arrangements for taking a polygraph examination, as applicable.

II.B.3. Polygraph Examination

Each candidate will be administered the pre-employment polygraph examination following procedures outlined by the Department of Professional Regulation.

- II.B.3.a. During the pre-test interview, all of the polygraph test questions will be discussed with the examinee/applicant prior to the polygraph test. Individuals will be given every opportunity to discuss the questions during the pre-test interview and to make any statements/admissions concerning these questions. If there are any statements/admissions regarding the test questions by the examinee/applicant, the examiner will change the wording of the question(s) so the examinee can answer the question(s) truthfully. The issues of the test questions will include:

- II.B.3.a.1. The theft of merchandise/property.
- II.B.3.a.2. The theft of money.
- II.B.3.a.3. Participation in/or commission of any serious crimes.
- II.B.3.a.4. The use and sale of illegal drugs and/or cannabis.
- II.B.3.a.5. Withholding or falsification of information during the application.

II.B.3.b. Evaluation of test results by polygraph examiner

Any responses on the examinee's polygraph test charts that in the opinion of the examiner are deceptive responses and/or inconclusive, will be discussed with the examinee. If the examinee makes any clarification regarding the diagnosed responses, the examiner, at his discretion, will administer additional test charts to clarify any discrepancies.

II.B.4. Background Investigation

Upon successful completion of the polygraph examination, a list will be forwarded to the Division of Internal Investigations for a type A background investigation. The number of candidates to be submitted for the background investigation will be dependent upon the total number of personnel to be hired.

**III. FINAL SELECTION**

- III.A. Based on the interview results and background investigation final candidate(s) will be chosen.

Note: Any applicant for a Forensic Sciences Command position who has been convicted, pled guilty, stipulated to the facts supporting the charge or is found guilty of a reportable misdemeanor (as listed in 20ILCS 2630/5) or a felony offense will not be hired (per ISP Directive PER-008 - Employment Standards).

- III.B. The totality of polygraph examination results combined with pre- and post-test admissions will be evaluated by the Commander, or designee. Individuals will not be disqualified as a candidate based solely on the polygraph results unless approved by the Colonel of the Division of Forensic Services, or designee.
- III.C. The Commander or Command Staff Support Manager will contact the selected candidate(s) to formally offer the position and, if accepted, the official letter offering the position will be sent, contingent upon the individual successfully passing the drug screen.
- III.D. The Command Staff Support Manager will send an official letter notifying all unsuccessful candidates that they were not selected.

**IV. EMPLOYER/EMPLOYEE AGREEMENT**

Candidates accepting a position with the Forensic Sciences Command will be required to read and sign the employer/employee Work Commitment Agreement, as applicable.



Date of Original Issue: 02/22/08	Policy: <b>PER 13 - Employee Orientation Checklist</b> Page 1 of 1
Date of Revised Issue: 04/14/17	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-17-02	

## I. POLICY

It is the policy of the Forensic Sciences Command that all new command employees will be given an orientation covering all aspects of employment.

## II. PROCEDURE

- II.A. The New Employee Orientation Checklist, PER Appendix 4, will be completed to document administrative training provided to all new employees. Any topics not applicable to a specific employee will be marked "N/A".
- II.B. For each new employee assigned to a Command training program, the New Employee Orientation Checklist will be initiated as part of the training program, and will follow the employee to his/her operational laboratory of assignment for delivery of the remaining topics.
- II.C. Once all orientation topics have been delivered to the employee, the checklist will be digitized and added to the employee's training records in the Blackboard Learning System.
- II.D. The topics included on the New Employee Orientation Checklist will be in addition to those topics covered during the New Employee Orientation that begins on the employee's first day of employment.



## Forensic Sciences Command



Date of Original Issue: 12/12/08	Policy: <b>PER 14 - Annual Review of Alternate Work Schedules (Flextime/4-Day Work Week)</b> Page 1 of 2
Date of Revised Issue: 06/29/17	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-17-03	

## I. POLICY

The Forensic Sciences Command (FSC) will conduct an annual review of alternate work schedules (flextime and four-day work week). This review will ensure not only laboratory operational needs continue to be met, but will address changes in employee needs and circumstances:

## II. PROCEDURE

## II.A. All laboratories are required to follow this procedure for all staff (including support staff):

II.A.1. Each January, the Laboratory Director will announce/remind all employees of the upcoming annual review of work schedules, with justifications due to the Laboratory Director by March 1:

II.A.1.a. Justifications are required from any employee seeking to keep, change, or request an alternate schedule (i.e., any schedule which is not 8:30-5:00 Monday through Friday).

II.A.1.b. Employees requesting seasonal schedule changes (e.g., summer changes) must also submit those schedule requests during this same process.

II.A.1.c. Any employee who has been officially notified that he/she will be assigned to a different laboratory (e.g., transfer, release from training, etc.) during the upcoming year (June 1 - May 31) should submit his/her schedule request and justification to the new Laboratory Director by March 1 to be considered for an alternate schedule upon arrival at that new lab. Any alternate schedule submitted beyond March 1 will be at the discretion of the Laboratory Director and/or Bureau Chief.

II.A.2. Between March 1 and May 1, the Laboratory Director or designee will review the justifications to determine which requests can be granted and which, if any, cannot.

II.A.2.a. The Laboratory Director must ensure each section is covered by a qualified forensic scientist during the hours of 8:30 a.m. - 5:00 p.m. on regularly scheduled business days.

II.A.2.b. There is no limit to the number of employees on an alternate schedule within a section, as long as the section is covered as required in II.A.2.a.

- II.A.3. Employees will be notified no later than May 1 of the final decision, with any schedule changes effective the first Monday of June.
- II.A.4. The approved schedules will be effective for one year, under normal circumstances, and will be reviewed on an annual basis according to this same process.
- II.A.5. If at any time during the year, unexpected personnel changes (e.g., retirement, transfer, etc.) occur which result in a section not being covered per II.A.2.a., the Laboratory Director will immediately review the schedules and make necessary changes.



Date of Original Issue: 10/31/16	Policy: <b>PER 15 – Employee Separation/Leave Checklist</b> Page 1 of 1
Date of Revised Issue: 01/10/19	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-19-02	

## I. POLICY

It is the policy of the Forensic Sciences Command (FSC) that all state property must be returned whenever an employee will be absent from work, for any reason (e.g., retirement, suspension, medical, other leave, etc.), for a period of 30 or more days.

## II. PROCEDURE

- II.A. Management will ensure that the Employee Separation/Leave Checklist, PER Appendix 6, is completed for any employee departing the Forensic Sciences Command for 30 or more days. Any topics not applicable to a specific employee will be marked N/A.
- II.B. If the employee returns after 30 days, any restoration of state property to the employee must be documented on the Separation/Leave Checklist.
- II.C. Any specific actions taken that are not listed on the Separation/Leave Checklist, will be listed on a separate document and attached to the checklist.
- II.D. The Employee Separation/Leave Checklist, once finalized, will be forwarded to the FSC Personnel Liaison to maintain in the employee's personnel file and a copy kept by laboratory management.

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<b>PER Appendix 3</b>	<b>Removed</b>	<b>08/27/25</b>	
PER Appendix 4	New Employee Orientation Checklist	07/20/23	4
PER Appendix 5	Removed	04/15/16	
PER Appendix 6	Employee Separation/Leave Checklist	07/20/23	1

## PER Appendix 2

### ILLINOIS STATE POLICE DIVISION OF FORENSIC SERVICES FORENSIC SCIENCES COMMAND

#### VERIFICATION OF COURT TIME

This form is necessary to document the appearance of Forensic Sciences Command employee in a court of law during the period of time that the employee is on an official leave of absence. Proper completion of the form is mandatory in order for the employee to receive compensation from the Illinois State Police for those services covered by current policy. This form must bear the signature of the State's Attorney or Assistant State's Attorney or defense attorney who handles the case. This signature verifies the hours claimed by the employee. The form should be returned to the employee who will be responsible for completion, accuracy, and forwarding to the appropriate Laboratory Director.

Laboratory Case #: \_\_\_\_\_ Court Case #: \_\_\_\_\_ County: \_\_\_\_\_

Name of Laboratory Employee: \_\_\_\_\_

Date of Testimony: \_\_\_\_\_

Time Arrived at Court: \_\_\_\_\_ Time Departed Court: \_\_\_\_\_

Hours of Court Time Claimed: \_\_\_\_\_

By my signature I attest that \_\_\_\_\_ was subpoenaed by my office and that said laboratory employee was present at court during the hours stated.

---

Signature  
(Prosecution or Defense Attorney)

---

Printed Name

---

Prosecution Office/Defense Office

---

Date

I certify that the information is accurate and that I also had \_\_\_\_\_ hours of travel time. Total miles driven were \_\_\_\_\_.

Approved by:

---

Signature  
(Laboratory Director)

---

Signature  
(Employee, Illinois State Police)

---

Printed Name

---

Printed Name

---

Date

---

Date

---

---

PLEASE CHECK YOUR REQUESTED WORK SCHEDULE:

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NORMAL WORK HOURS

8:30 a.m. - 5:00 p.m. - 1 Hour Lunch - Monday - Friday

FOUR DAY WORKWEEK

WORK SCHEDULE REQUESTED:      Monday - Thursday         Tuesday - Friday     
(Check one ending time only)

<u>Starting Time</u>	<u>Ending Time 3 Days/4th Day (One Hour Meal Period)</u>	<u>Ending Time 3 Days/4th Day (<math>\frac{1}{2}</math> Hour Meal Period)</u>
6:00 a.m.      -	4:30 p.m. / 4:00 p.m.	4:00 p.m. / 3:30 p.m.
6:30 a.m.      -	5:00 p.m. / 4:30 p.m.	4:30 p.m. / 4:00 p.m.
7:00 a.m.      -	5:30 p.m. / 5:00 p.m.	5:00 p.m. / 4:30 p.m.
7:30 a.m.      -	6:00 p.m. / 5:30 p.m.	5:30 p.m. / 5:00 p.m.
8:00 a.m.      -	6:30 p.m. / 6:00 p.m.	6:00 p.m. / 5:30 p.m.

FIVE DAY WORKWEEK  
(FLEX HOURS)

<u>Starting Time</u>	<u>Ending Time (One Hour Meal Period)</u>	<u>Ending Time (<math>\frac{1}{2}</math> Hour Meal Period)</u>
6:30 a.m.      -	3:00 p.m.	2:30 p.m.
6:45 a.m.      -	3:15 p.m.	2:45 p.m.
7:00 a.m.      -	3:30 p.m.	3:00 p.m.
7:15 a.m.      -	3:45 p.m.	3:15 p.m.
7:30 a.m.      -	4:00 p.m.	3:30 p.m.
7:45 a.m.      -	4:15 p.m.	3:45 p.m.
8:00 a.m.      -	4:30 p.m.	4:00 p.m.
8:15 a.m.      -	4:45 p.m.	4:15 p.m.
8:45 a.m.      -	5:15 p.m.	4:45 p.m.
9:00 a.m.      -	5:30 p.m.	5:00 p.m.
9:15 a.m.      -	5:45 p.m.	5:15 p.m.
9:30 a.m.      -	6:00 p.m.	5:30 p.m.
9:45 a.m.      -	6:15 p.m.	5:45 p.m.
10:00 a.m.      -	6:30 p.m.	6:00 p.m.
2:00 p.m.      -	10:00 p.m.	9:30 p.m.

**PAYROLL SECTION:**

THIS FORM MUST BE MAILED TO: Public Safety Shared Services Center (PSSSC), 1301 Concordia Court, Administration Building, P.O. Box 19293, Springfield, Illinois 62794-9277. If an employee returns to normal work hours, a new form must be completed.



**PER APPENDIX 4**  
**ILLINOIS STATE POLICE**  
**Division of Forensic Services**  
**Forensic Sciences Command**



**New Employee Orientation Checklist**

Employee Name: \_\_\_\_\_ Starting Date: \_\_\_\_\_  
Position Title: \_\_\_\_\_ Section: \_\_\_\_\_

	<b>Date Reviewed</b>	<b>Employee's Initials</b>	<b>Supervisor's Initials</b>
<b>Mandatory Training Topics</b>			
Ethics Training			
Cultural diversity and sexual harassment			
Security Awareness			
<b>Policies*</b>			
ISP ADM-015: Media Guidelines			
ISP ADM-019: Telephone policies and usage			
ISP PER-103: Code Disciplinary Rules			
ISP PER-015: Political Activity			
ISP SRV-200: Information Security and Disposal of Personal Information			
ISP SRV-221: Internet Use			
ISP SRV-222: Social Networking/Media Guidelines			
FSC ADM 1: Rules of Conduct/Code of Ethics			
FSC ADM 3: Service Philosophy			
FSC ADM 13: Dress code			
FSC ADM 16 & ISP SRV-206: Use of Electronic Mail/Use of E-Mail			
FSC TCH 21: Illinois State Police DNA Database			
FSC TCH App 11: Acknowledgment Form for Collection of Biological Samples			
Lab Facility Operations Manuals (FOMs): Visitor access policies and procedures			
<b>Benefits</b>			
Insurance/beneficiaries			
Vision Care Plan			
Benefit choices			
Deferred compensation			
Retirement plan			
Flexible spending accounts			
Human Services/Peer Support			
<b>Credentials</b>			
ISP PID number			
ID photo/cards			

Business cards, if applicable			
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Employee Name: \_\_\_\_\_ Page 2 of 4

**Personnel Topics**

Chain of command			
Address changes			
Deduction cards			
Staffing table information			

**Manuals**

Review of Facility Operations Manual			
Review of Command Directives Manual			
Review of ISP Directives Manual			
Review of Quality Manual			
Review of Safety Manuals			

**Administrative Topics**

ISP Credit Union			
Individual activity statistics			
Upward Mobility, if applicable			
Worker's compensation			
Secondary employment			
Subpoenas			

**Labor Unions (e.g., AFSCME, ISEA)**

Union representative introduction			
Union memo board			
Grievance procedure			

**Laboratory Tour/Staff Introductions**

Tour of laboratory; introduction to staff			
Lunch/break room; food/drink areas			
Supply locations			
Locker assignment, if applicable			
Library usage, to include State Library			
Conference room sign-up			
Desk assignment			
Lab support			
Case file locations/access policies			
Postings and circulated readings			
Section memo location/procedures			
Copier/fax demonstrations			
Staff meetings			

**Security**

Key assignments – hard keys and card keys			
Security system overview			
Panic alarm locations			
Alarm codes and protocols			

**Computer/Network Access**

Passwords – network, LIMS			
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Revised: August 2025

Email account setup			
Employee Name:			Page 3 of 4
<b>Section Maintenance</b>			
Equipment maintenance, documentation, and repair mechanisms			
Chemical storage procedures			
Section clean-up procedures			
Equipment transfer, surplus, disposal			
<b>Communications</b>			
Telephone system overview			
Phone etiquette			
Lab listings/intra-lab address & phone list			
Telephone conversation records			
<b>Mail</b>			
Incoming/outgoing mail			
Postage meter			
Registered/certified mail procedures			
<b>Automotive</b>			
State car usage, sign-up, logbooks, key storage location			
Insurance minimum liability requirements & documentation			
Driver's license			
Personal car mileage			
Laboratory parking facilities/parking permit			
<b>Expenditures</b>			
Ordering of commodities and equipment			
Travel regulations and voucher approval			
<b>Compensation</b>			
Laboratory policy on working after hours			
Temporary assignment pay			
<b>Work Schedule</b>			
Time off procedure			
Work hours / lunches / breaks			
Four-day work week / flex time			
Procedure for illness, absence, or late arrival			
Sign in/out procedure; time sheets			
<b>Casework</b>			
General file structure/flow of cases through lab			
LIMS			
Evidence sign-in			
Mailed-in evidence			
Evidence locker procedures			
Temporary evidence storage - evidence being worked			
Vault locations, maintenance, procedures			

Revised: August 2025

Employee Name:	Page 4 of 4		
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<b>Casework (continued)</b>			
Case load management			
Case file review			
Case reporting and typing procedures			
Report signing and technical proofing			
Discussions with defense attorneys			
<b>Employee Performance Evaluations</b>			
Performance evaluation process; goals and objectives			
Copy of job description; details of job duties and responsibilities			
Performance expected during probationary period			
Court cards and testimony observation			
<b>Professional Development</b>			
Professional organization memberships			
Professional meeting attendance			
Curriculum vitae			
<b>Quality Assurance Program</b>			
Quality Assurance Program overview			
Initial competencies (if required)			
Amended reports			
Quality Manager			
Inspections – Command, internal, external			
Vault inspections			
<b>Safety Program</b>			
Safety Program overview			
Lab safety officer, lab safety committee			
Review of laboratory safety plan			
Location of safety equipment			
Emergency procedures and evacuation routes			
Hepatitis vaccination documentation			
Gun locker / receipt of firearms			
Accident reporting			
MSDS information and location			
First aid/CPR training			
Blood level test / hearing test (firearms)			
Chemical hygiene training			
Bloodborne pathogens training			
Disposal of biohazards			
Personal protective equipment			

\*Polices – Links to Manuals:

ISP Directives can be found within E-Directives at the following link:

<https://ilgov.sharepoint.com/sites/ISP.Portal/SitePages/Home.aspx>

FSC Directives can be found within FSC Manuals at the following link:

<https://ilgov.sharepoint.com/sites/ISP.Forensics/SitePages/Home.aspx>

Revised: August 2025



**PER APPENDIX 6**  
**ILLINOIS STATE POLICE**  
**Division of Forensic Services**  
**Forensic Sciences Command**



**Employee Separation/Leave Checklist**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Position Title: \_\_\_\_\_ Section: \_\_\_\_\_

	<b>Date Received from Employee</b>	<b>Supervisor's Initials</b>	<b>Date Returned to Employee</b>	<b>Employee's Initials</b>
<b>Mandatory - Items to be returned:</b>				
Photo Identification (ID) – Vertical				
Photo Identification (ID) – Horizontal				
Illinois State Police (ISP) Leather ID Case, if applicable				
ISP Lanyard, if applicable				
Electronic Key Cards				
Hard Keys (e.g., Building, Desk, Locker)				
Laboratory Coat(s)				
All other ISP issued property/equipment (list separately), for example:				
Laptop				
Tablet				
Phone				
List of other items, if applicable:				
<b>Other tasks to be completed prior to separation:</b>				
Vault Audit Conducted				
Computer/Network/LIMS Access Disabled				
Voice Mail Password changed/provided				
Assign other duties, as necessary				
<b>Task to be completed upon separation:</b>				
Notification of buccal swab destruction (See TCH 21)				

Revised July 2023

**INDEX**  
**RESEARCH AND APPLICATIONS**

	<b>NAME</b>	<b>DATE</b>	<b>PAGE(S)</b>
RES 1	Research Proposals and Validation Studies	12/20/19	2
RES 2	<b>Procedures Manuals</b>	<b>08/27/25</b>	<b>8</b>



## Forensic Sciences Command

Date of Original Issue: 06/13/14	Policy: <b>RES 1 – Research proposals and validation studies</b> Page 1 of 2
Date of Revised Issue: 12/20/19	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-19-10	

## I. APPROVAL OF RESEARCH PROPOSALS AND VALIDATION STUDIES

I.A. All research proposals and validation studies will be approved by the local Laboratory Director or designee. Both a technical and administrative review will be conducted on all research proposals.

I.A.1. The employee must be authorized to perform a research project or validation study. Based upon job description and qualifications technically competent staff (e.g. forensic scientists, training coordinators, etc.) are by default authorized to conduct these activities; however, approval for these projects is still required.

I.A.2. Before conducting any research project or validation study, the employee will submit a proposal via the online Research Projects Proposal Program for his or her Laboratory Director to review.

I.A.2.a. The Laboratory Director approval, as well as all subsequent approvals, will be documented in the online Research Projects Proposal Program.

I.A.3. If approved by the Laboratory Director, the Training and Applications (T/A) Laboratory Director will coordinate a technical review of the project to include the following factors:

I.A.3.a. Is the research approach technically sound and does it meet accreditation requirements for a validation study?

I.A.3.b. Could the research result in a procedure to be implemented and is there a need to implement such a procedure?

I.A.4. The T/A Laboratory Director will forward the proposal to the appropriate Bureau Chief/Program Manager for an administrative review. The administrative review will include the following factors and determine if there is an approval to proceed:

I.A.4.a. Are there sufficient resources available to conduct the project?

I.A.4.b. Does the proposal meet the definition for a research project as cited in ORG 4 (II.A.-C.)?

- I.B. The Bureau Chief/Program Manager will forward the proposal to the Commander for final approval.
- I.C. Upon completion of the technical and administrative reviews, the proposal will be returned to the submitter and the local Laboratory Director for final action.
  - I.C.1. Once started, a brief status report will be provided via the online Research Project Proposal Program every three months describing the progress, problems, help needed, and anticipated delays.
  - I.C.2. Upon completion, a written report will be sent to the T/A Laboratory Director. A project is not complete without a written final report.
  - I.C.3. Authority for the project may be withdrawn and reassignment made in the event progress is not maintained.
- I.D. Status reports for all projects will be available on an ongoing basis via the online Research Projects Proposal Program. The reports will include updates of projects and final disposition of completed projects. For a flowchart of the steps involved in the approval of a research project or validation study see RES Appendix 2.

## **II. COMMAND DESIGNATED RESEARCH PROJECTS**

Because of a particular command goal or priority, the Commander may designate certain projects that will require additional monitoring. On these projects the project leader will:

- II.A. Prepare a general time line stating the major steps in the project and their anticipated completion dates. This time line is to be submitted to the Commander with a copy provided to the T/A Laboratory Director before starting the project.
- II.B. Monthly progress reports will be submitted to the Commander. These monthly reports will include progress made toward goals, any problems or concerns, and any changes to the time line with appropriate justification.

## **III. APPROVAL OF NEW PROCEDURES**

Once a research project has been completed, steps must be taken to get the results incorporated into the section's procedures manual, and to provide training to the section. Follow the procedure in RES Appendix 3.



## Forensic Sciences Command



Date of Original Issue: 04/03/00	Policy: <b>RES 2 - Procedures Manuals</b> Page 1 of 8
Date of Revised Issue: 08/27/25	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-25-05	

## I. INTRODUCTION

- I.A. Comprehensive and reliable analytical procedures which are thoroughly described in properly prepared procedures manuals serve as a basis for effective quality management. In addition, quality procedures manuals serve as the foundation for providing quality training.
- I.B. The inseparable interaction between training and procedures is best achieved when there is a complementary relationship between procedures manuals and training manuals in their scope, goals, and functions. Although procedures manuals and training manuals serve different purposes, they combine to form the unit necessary for effective and productive casework.

## II. PURPOSE

- II.A. To establish consistency in the format and content of the analytical procedures used throughout the Forensic Sciences Command (FSC).
- II.B. To ensure that the procedures used are demonstrably capable of producing accurate and valid results.
- II.C. To design a method of review for current procedures.
- II.D. To develop a method of validation and approval for new procedures.
- II.E. To establish guidelines for the use of non-routine procedures.
- II.F. To establish guidelines for the interpretation of results.

## III. DEFINITIONS

- III.A. Protocol: A directive listing the methods and procedures to be followed in performing a particular laboratory examination or operation, the overall plan for analysis of a particular type of evidence. Protocols are developed from an evaluation of the evidence to form a hypothesis.
- III.B. Methods: The course of action or technique followed in conducting a specific analysis or comparison leading to an analytical result or conclusion.
- III.C. Procedure: The manner in which an operation is performed. A set of directions for performing an examination or analysis, the actual parameters of the methods employed. Procedures are step-by-step instructions.

## IV. DISCUSSION

IV.A. The Forensic Sciences Command strives to ensure that each of its laboratories is capable of providing consistently accurate results in all casework. To assist the analyst in achieving this goal, procedures manuals for each specialty area have been established which delineate those approved procedures that address the most frequent types of cases submitted to the laboratory.

IV.A.1. Procedures in the procedures manuals are approved and fit for their intended use.

IV.A.2. In addition to offering detailed procedural instructions, these manuals will include a description of methods but will not contain theory or protocols. Theory and protocols will be located in the training manual for each section.

IV.B. Proper analysis of any evidence requires that the analyst must first determine the appropriate protocol; i.e., an evaluation of the nature of the evidence, an understanding of the purpose of the analysis, and the establishment of an analytical hypothesis.

IV.B.1. Principles and theory which support the evaluation of evidence and the formulation of a corresponding hypothesis are within the purview of the training manual. Once the protocol phase of analysis is accomplished, the analyst then selects the preferred method or methods which conform to the evaluation and can support the appropriate procedures for analysis or examination.

IV.B.2. Whenever possible, each analyst is expected to follow the current and valid methods and procedures listed in the procedures manual available online.

IV.B.3. If an analyst chooses a method other than the most current and valid procedure to perform an analysis, it must be approved by the Laboratory Director and the agency must be notified.

IV.C. Often, many acceptable procedures may exist which apply to a particular examination according to the selected protocol and method; however, extreme variations in case samples or conditions can occur which may require the forensic scientist to exercise considerable flexibility and discretion in selecting the method most appropriate to the problem at hand.

IV.C.1. The minimum requirements to resolve the hypothesis will vary from section to section and from case to case. As a result, for some specialties, the appropriate method may include several acceptable alternative procedures, the choice of which is left to the discretion of the analyst.

IV.C.2. For other specialties, the selected method may be much less flexible and little deviation will be acceptable.

IV.D. Procedures manuals will also define the limitations of each procedure as well as possible sources of error. Each analyst will be required to apply best judgment in the interpretation of results based upon the guidelines provided in each procedure manual.

## V. ELEMENTS OF A PROCEDURE

V.A. Procedures manuals will describe approved analytical procedures in a format which contains certain essential elements. Each element will contain required information along with certain ancillary data as necessary.

V.B. Title page with signatures: This page will include the name of the particular procedure along with the corresponding protocol and method. The title page will also include the signature of the person preparing the procedure for consideration and the signature of the approving authority (designated Bureau Chief/Program Manager).

V.B.1     “Reviewed by” indicates that the reviewer (Command Advisory Board (CAB) chairperson; technical leader, when appropriate; Research & Development (R&D) coordinator; or other designated reviewer) has ensured the wording updates match the document approved by Command.

V.B.2.    “Approved by” indicates the Bureau Chief/Program Manager responsible for procedures manual updates has ensured the procedure has undergone the appropriate technical review by the appropriate technical leader, R&D laboratory personnel, etc.

V.C.     Introduction: The introduction will include a brief description of the procedure, and all necessary general information related to the procedure described. The introduction may also refer to any procedures which may be related to the procedure described.

V.D.     Safety considerations: This element will address any concerns, cautions or warnings associated with the application of the procedure that will be of benefit to the analyst. This will include any reagent or instrument which requires special consideration. Reference may be made to “Standard Laboratory Practices,” when applicable.

V.E.     Preparations: This will include any necessary preparatory work involved in the procedure or analysis. Critical chemicals, reagents, or components (defined as any item which can result in an erroneous conclusion) will be delineated and explained. Reference may be made to general chemicals, reagents, or components used. “Not required” will be used when no preparation is necessary.

V.F.     Instrument specifications: This will include the identification of any critical instruments, plus any required information concerning instrument standardization, calibration, or maintenance necessary for successful application. The equipment used for measurement must be capable of achieving the measurement accuracy and/or measurement uncertainty required to provide a valid result, if applicable. Reference to general instrumentation may be added. “No instrumentation required” will be listed, when applicable.

V.G.     Procedure/analysis: This includes the step-by-step application of the procedure or analysis, as well as what conclusion can be determined according to the result and, if applicable, how any required calculations are performed.

V.H.     Minimum standards and controls: This element will contain those standards and controls which are utilized to ensure the accuracy and reliability of the procedure used and the quality control required.

V.I.     Report wording: This element may include the recommended report wording applicable to the specific procedure, or may reference to the general report wording for overall analysis.

V.J.     References: This will include, when available, supporting documentation and/or validation associated with the procedure.

## VI. APPROVING AUTHORITY

VI.A.    A Bureau Chief/Program Manager shall serve as the approving authority for Command procedures manuals, to include any and all revisions or modifications of current procedures, as well as new additions.

VI.B.    With the exception of procedures requiring minor changes, the designated Bureau Chief/Program Manager shall be the authority for the Command for the approval of a new procedure or the modification of any existing procedure in the procedures manual. The mechanism for approving procedures is outlined below.

VII. ANNUAL REVIEW OF CURRENT PROCEDURES:

VII.A. Each procedure in the existing procedures manual will be reviewed annually.

VII.B. Mechanism:

VII.B.1. The Command Advisory Board for the section or sub-section will be responsible for:

VII.B.1.a. Coordinating a review of each procedure annually; and

VII.B.1.b. Forwarding recommendations to retain, revise, or eliminate procedures to the appropriate Bureau Chief/Program Manager.

VII.B.2. The Commander will approve or disapprove the recommendations.

VII.B.3. The designated Bureau Chief/Program Manager will be responsible for ensuring all approved recommendations are incorporated into the procedures manual.

VII.C. Should any method be found inappropriate or inaccurate, the Bureau Chief will notify the Director of Quality Assurance and corrective action will be taken in accordance with QM-8 in the Quality Manual.

VIII. REVISION OF EXISTING PROCEDURE (MINOR):

VIII.A. Each minor or administrative modification to an existing procedure in the procedures manual will be approved by the Commander (see RES Appendix 1). A minor modification is one which does not require a validation or in-house demonstration of performance (e.g., an administrative change).

VIII.B. Mechanism:

VIII.B.1. An appropriate committee (e.g., the Command Advisory Board or CAB), may submit a recommendation for a minor or administrative revision to the procedures manual.

VIII.B.2. Since no validation or in-house demonstration of validity is required, the procedure outlined in RES Appendix 1 will be followed.

VIII.B.3. The Commander will approve or disapprove the recommendations.

IX. APPROVAL OF A NEW PROCEDURE OF MAJOR MODIFICATION/REVISION TO AN EXISTING PROCEDURE

IX.A. Each new procedure as well as a major modification to an existing procedure, will require the submission of a validation study or an in-house demonstration of performance for technical review (see RES Appendix 3).

IX.B. Mechanism:

IX.B.1. A study (e.g., validation study, or in-house demonstration of performance) will be conducted according to the procedure outlined below in RES 2.XII. Once the study is complete, the researcher will submit the entire study, a proposed procedure, and a proposed implementation plan to the Training and Applications (T/A) Laboratory Director.

- IX.B.2. The T/A Laboratory Director will coordinate a technical review of the materials submitted (study, a procedure, and implementation plan) with the appropriate technical reviewer. The appropriate technical reviewer may be a training coordinator, appropriate section technical leader, research coordinator, or a designated forensic scientist other than the researcher. In certain cases, the technical review may be conducted by an external expert.
- IX.B.3. The technical reviewer will conduct a review of the materials and provide a recommendation to the T/A Laboratory Director.
- IX.B.4. If the technical reviewer recommends additional research or that the procedure not be implemented, the T/A Laboratory Director will notify the Laboratory Director and/or the researcher of the recommendation of the technical reviewer. It is the responsibility of the researcher to appropriately handle the recommendations.
  - IX.B.4.a. Once the study is complete and has been accepted by the technical reviewer, the original materials and a summary report of the study will be sent to the T/A Laboratory Director for archiving.
  - IX.B.4.b. The researcher will work with the T/A staff to ensure the procedure is correctly formatted.
  - IX.B.4.c. The researcher will work with the appropriate training coordinator to address the following in the implementation plan: training and a criterion test needed prior to the procedure being used by analysts in case work, QA guidelines, and cost and impact of implementation.
- IX.B.5. If the technical reviewer recommends implementation, the T/A Laboratory Director will either concur or obtain the Commander's approval for implementation. If either the reviewer or the T/A Laboratory Director does not recommend implementation the T/A Laboratory Director will so advise the Commander.
- IX.B.6. If the Commander approves the implementation plan, the designated Bureau Chief/Program Manager will coordinate the revision to the procedures manual and the implementation of the new procedure.
- IX.B.7. Once implemented, the designated Bureau Chief/Program Manager will notify the Director of Quality Assurance to ensure the procedure is evaluated by direct observation at the laboratory. The Laboratory Director or designee will ensure that direct observation of the new procedure(s) is documented.
- IX.B.8. If the Commander disapproves implementing the new procedure, the T/A Laboratory Director will notify the Laboratory Director and/or researcher. No additional action is required.

## ■ X. PILOT PROJECT

- X.A. A pilot project may be included in the implementation plan for a new procedure. The purpose of the pilot project will be to test the new procedure on case work on a small scale to ensure the procedure and related quality procedures are acceptable in an operational setting.
  - X.A.1. The designated Bureau Chief/Program Manager may coordinate the Commander's approval of a pilot project.

■ X.A.2. The use of the procedure will be monitored by the designated Bureau Chief/Program Manager during the pilot project and changes to the approved procedure may be made during the duration of the project with the approval of the designated Bureau Chief/Program Manager

■ X.A.3. The pilot participants will submit a final report to the designated Bureau Chief/Program Manager at the conclusion of the pilot.

## ■ XI. VALIDATION STUDIES AND IN-HOUSE DEMONSTRATIONS

■ XI.A. The T/A Laboratory Director will be responsible for coordinating all validation studies (see RES Appendix 2) and in-house demonstrations.

■ XI.B. Mechanism:

■ XI.B.1. Prior to beginning, the researcher will submit a project proposal to his/her Laboratory Director.

■ XI.B.1.a. For validations studies, the study will demonstrate the reliability of the procedure using appropriate method validation guidelines for the specific discipline.

■ XI.B.1.a.1. The appropriate method validations will be obtained from the Organization of Scientific Area Committees for Forensic Science (OSAC) registry, if available. These methods shall contain the following performance characteristics (as applicable): reproducibility, specificity, accuracy, precision, limit of detection/quantitation (measurement range), linearity, and robustness.

■ XI.B.1.a.2. If no OSAC registered document exists, the laboratory will consult the relevant Scientific Working Group, for the particular discipline's method validation guidelines, to include the specified performance characteristics listed above in XI.B.1.a.1.

■ XI.B.1.b. For in-house demonstrations, the study will demonstrate the reliability of the procedure using in-house verification. The proposal for the study will include the following.

■ XI.B.1.b.1. The procedure will be tested using known samples.

■ XI.B.1.b.2. If the procedure is a modification which materially affects the results of an analysis, the modified procedure will be compared to the original using identical samples whenever possible.

■ XI.B.1.b.3. If applicable, the study will determine that the new procedure has equal or greater sensitivity and precision than the existing procedures.

■ XI.B.1.b.4. The study will demonstrate that the new procedure does not introduce factors which would lead to error.

■ XI.B.1.b.5. The study will identify appropriate performance checks for the procedure.

- XI.B.2. The Laboratory Director will forward the proposal to the T/A Laboratory Director for a technical review and approval.
- XI.B.3. The T/A Laboratory Director will coordinate a technical review of the project proposal using an appropriate technical reviewer. The appropriate technical reviewer may be a training coordinator, appropriate section technical leader, or a designated forensic scientist other than the researcher. In certain cases, the technical review may be conducted by an external expert.
- XI.B.4. The T/A Laboratory Director will notify the Laboratory Director of the technical reviewer's comments and recommendations.
- XI.B.5. The Laboratory Director will approve or disapprove the study.
- XI.B.6. The researcher conducts the study according to the approved plan. He or she provides quarterly updates to the Laboratory Director and the T/A Laboratory Director on the progress of the study.
- XI.B.7. A written final report is submitted to the Laboratory Director and the T/A Laboratory Director along with a proposed procedure (if applicable) and a recommendation for implementation (see RES Appendix 3).
  - XI.B.7.a. The final report will act as the record of the validation to include:
    - XI.B.7.a.1. Validation procedure used.
    - XI.B.7.a.2. The specification of the requirements.
    - XI.B.7.a.3. Determination of performance characteristics.
    - XI.B.7.a.4. Results obtained.
    - XI.B.7.a.5. Statement on the validity of the method, detailing its fitness for the intended use.

## ■ XII. GUIDELINES FOR THE USE OF NON-ROUTINE PROCEDURES

- XII.A. Procedures outlined in the procedures manual are considered routine procedures, unless otherwise noted, and will be the expected course of analysis to follow. However, not all possible analyses that may be encountered in casework can be appropriately covered in a procedure manual. Therefore, an analyst may use a non-routine procedure not specifically found in the manual provided all the following actions are taken.
  - XII.A.1. The procedure used is based upon documented, scientifically accepted practice in the forensic sciences.
  - XII.A.2. A notation will be made on the work sheet indicating the procedure followed is not specified in the procedures manual.
  - XII.A.3. The analyst will also indicate on the work sheet why the particular procedure was selected over a method or procedure in the procedures manual. Statements such as "better," "more accurate," etc. will not be accepted as rationale. Instead, the rationale must be detailed sufficiently to withstand close scrutiny by independent examiners.
  - XII.A.4. The analyst will include documentation showing the non-routine procedure has been tested prior to application with evidence. Test protocol shall include the following:
    - XII.A.4.a. Test samples which approximate the characteristics of the evidence, to include type, structure, substrate, environmental conditions, etc.
    - XII.A.4.b. Results obtained with routine procedure.

- XII.A.4.c. Results obtained with non-routine procedure.
- XII.A.4.d. Related data concerning the non-routine procedure's sensitivity, precision and sources of error.
- XII.A.5. The non-routine procedure shall be recorded to a standard such that another scientist of similar skills and experience can fully understand the procedure used and the results obtained.
- XII.A.6. The appropriate DNA technical leader approval is required prior to the use of any non-routine procedure.

### ■ **XIII. INFREQUENTLY PERFORMED PROCEDURES**

Procedure manuals contain procedures which may be used in the analytical process. Laboratories will develop and maintain a list of infrequently used tests or procedures.

- XIII.A. For such identified tests or procedures, competency for performing infrequently used tests or procedures may be demonstrated by the following methods:
  - XIII.A.1. Regular analysis of control samples and use of control charts even when case samples are not being analyzed.
  - XIII.A.2. Use of an appropriate reference sample before testing of the case sample to verify that the test or procedure is working as expected.

### ■ **XIV. PROCEDURE MANUAL REVISION PROCESS**

RES Appendices 1 and 3 illustrate the procedure manual revision process for revised and new procedures, respectively.

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**RESEARCH AND APPLICATIONS APPENDICES**

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## RES Appendix 1

### REVISION OF EXISTING PROCEDURE (MINOR)

#### 1. Requesting Documents

- Reviser (CAB chair or other person authorized to draft changes):
  - Request the procedure in Word format from Training Management.
  - Always include the table of contents when requesting procedures.

#### 2. Preparing Documents for Revision

- Training Management (Training & Application Laboratory Director or designee):
  - Copy the requested documents to a designated "checked out" folder.
  - Ensure the Word document's Track Changes are enabled.
    - Under Track Changes, Options, set insertions to blue and deletions to red, and unselect "Track Moves."
  - Send an email to the Reviser with a cc to the Command Coordinator when the documents are available in the folder. The Reviser and Command Coordinator will have Read Only access to this folder.

#### 3. Revising the Document

- Reviser:
  - Ensure the version number in the document matches the current online version.
  - Verify Track Changes are enabled.
    - Confirm insertions are blue and deletions are red, and "Track Moves" is unselected
  - Append 'DRAFT' and any other necessary modifiers to the **END** of the filename (e.g., 1A-31 Clean Technique DRAFT CTM 20241210.docx).
  - Change the procedure Version Number in the footer to 'TBD'.
  - Change the Accepted Date in the footer to 'TBD'.
  - Make procedure changes and leave comments/justifications where necessary.
  - If an outside document is to be inserted in the PDF version (e.g., Excel Worksheet), create a blank page in the procedure document as a placeholder.

#### 4. Reviewing and Approving Changes

- Command Coordinator (Program Manager/Bureau Chief):
  - Review changes and make comments or provide additional guidance.
  - If consensus isn't reached, the Reviser can still issue a recommendation with justification for the record.

#### 5. Finalizing the Revised Document

- Reviser:
  - Remove any comments from the document but leave the marked-up changes.
  - Print the title page and any revised pages to PDF.

Revised: August 2025

- ■ Write a recommendation memo outlining the recommendation(s) with justification(s). Reference the original version number (yyyy.mm.dd) in the memo.
- Send the recommendation memo, PDFs, and revised Word document incorporating all changes to the Command Coordinator.
- Command Coordinator:
  - ■ Ensure all changes are marked up, confirming no inadvertent edits were made.
  - Draft an approval memo and indicate the effective date of the change.

## ■ 6. Approval and Publishing

- Commander:
  - ■ Approve or deny the memo.
- Command Coordinator:
  - ■ Combine the approval memo, recommendation memo, and PDFs into one PDF.
  - ■ Place the combined PDF online with the CAB memos.
  - ■ Update the Accepted Date in the footer of the Word document, accept all changes, and remove all comments.
  - ■ Create a PDF of the procedure(s) and insert any external forms/documents.
  - ■ The Word document and PDF will be placed in the appropriate “checked in” folder and notification will be made to Training Management.
- Training Management:
  - ■ Ensure only the procedure number, version index number, and procedure title are included in the filename, removing draft and any other designations.
  - ■ Create a PDF file of the new Word document if one was not provided
  - ■ Increment the version index number for both documents.
  - ■ Review the document for typographical errors or formatting issues.
  - ■ Verify that the submitted updates include an updated copy of the table of contents. Note that the table of contents itself does not require a version number, but the date the version goes into practice should be included in the file name.
  - ■ Add the new version Word document to the Source File folder within its corresponding discipline’s PM folder.
  - ■ Archive the prior Word document into the corresponding discipline’s archive folder.
  - ■ Provide the PDF file to the Training Administrative Assistant.
- Training Administrative Assistant:
  - ■ Create a draft of the revised compiled procedure manual, update bookmarks, and notify relevant parties (Training Management, Command Coordinator and Reviser) for a final review.

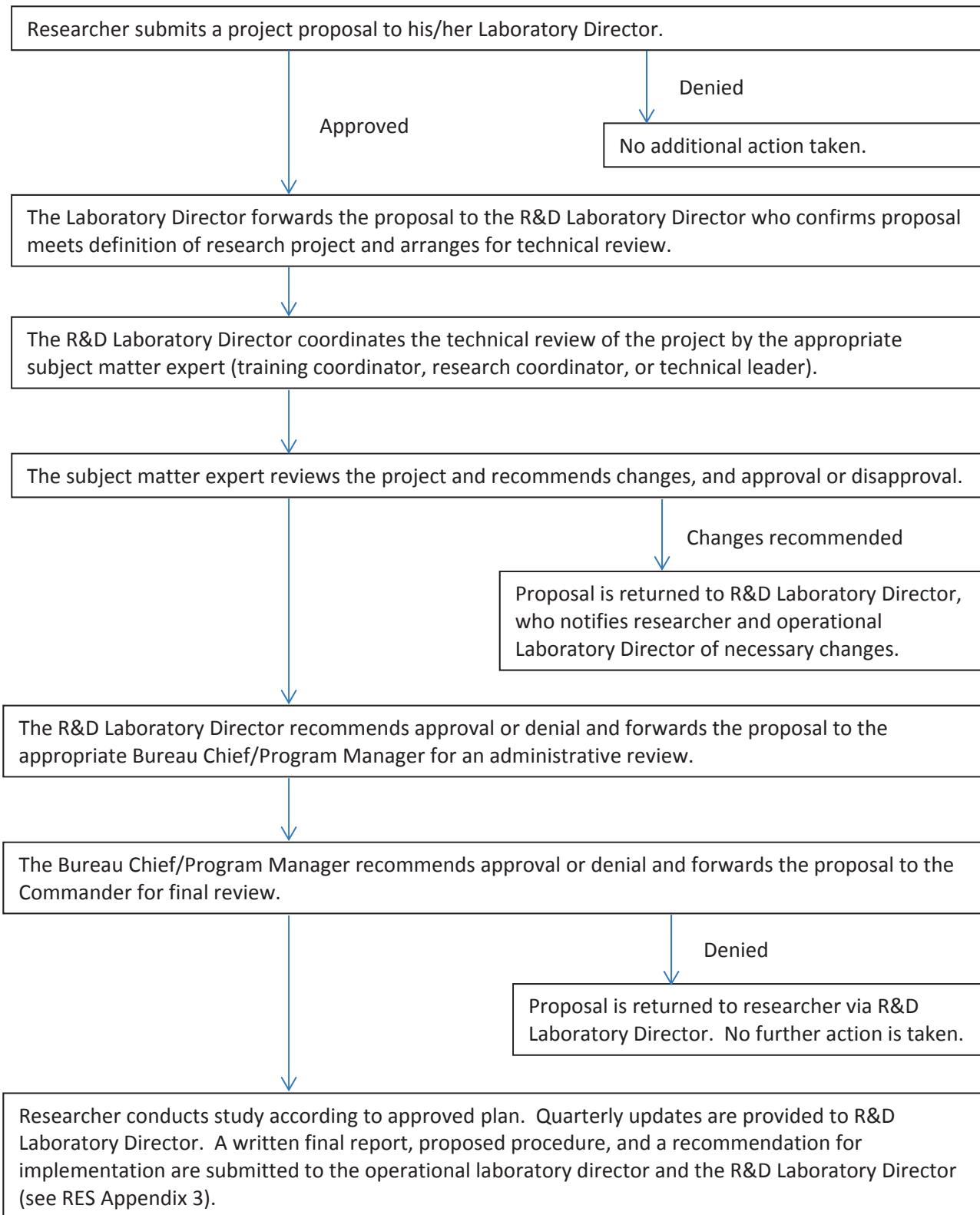
- **Update the Archived Procedures Manual database.**
  - **Archive the previous version by unchecking “Current Version”**
  - **Add the new procedure to the Archive using the assigned effective date.**

## **7. Verification**

- **Training Management:**
  - Ensure the correct version of the Procedures Manual is online and the appropriate updates have been made to the Archive Procedures Manual database.

RES Appendix 2

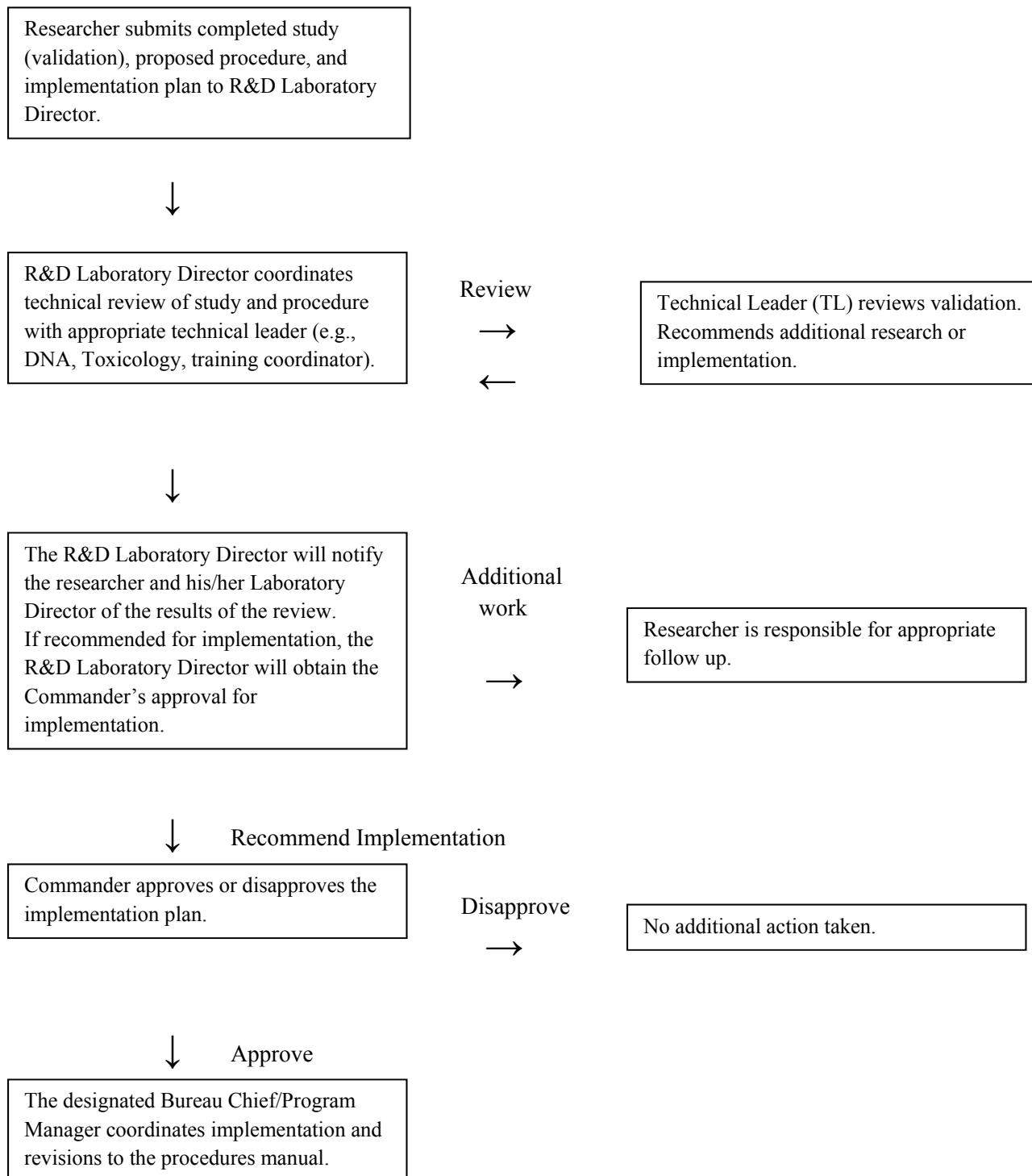
RESEARCH PROJECTS



Revised: June 2014

RES Appendix 3

APPROVAL OF NEW PROCEDURE



Revised: June 2014

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## Forensic Sciences Command



Date of Original Issue: 02/04/97	Policy: <b>TCH 01 - Firearms Accountability</b> Page 1 of 2
Date of Revised Issue: 09/24/21	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-21-08	

## I. POLICY

The Illinois State Police, Forensic Sciences Command (FSC) laboratories will be accountable for all firearms transferred to them, whether for reference collection (libraries) or for destruction.

## II. PROCEDURE

- II.A. A record will be made immediately upon receipt of a firearm in the "FIREARM REFERENCE DATABASE" and/or the "FIREARM LOG BOOK" (See Firearms Procedure Manual IB-5 Firearms Reference Collection) and will initially include a minimum of the log number assigned, date received at the laboratory, the submitting agency or other source, and the receiver's initials.
- II.B. A receipt will be issued for every firearm received for reference or destruction utilizing a "RECEIPT OF FIREARMS" (ROF) form (see TCH Appendix 3).
  - II.B.1. Court orders transferring custody of a firearm to the Forensic Sciences Command are desirable. These may be maintained by photocopying them onto the back of the ROF form.
  - II.B.2. The respective log number assigned to each firearm will be recorded on the new ROF form. Based on the needs of each individual laboratory, these forms will be maintained in serial number or log number order.
  - II.B.3. Log entries and ROF forms must be completed for each firearm at the time such firearm is placed into reference, or prepared for disposal. See Firearms Procedure Manual IB-5 for required fields.
- II.C. Firearms reference libraries will be displayed and maintained in such a manner so as to prevent their deterioration and to facilitate their inventory, safety, and control.
  - II.C.1. All firearms received for reference, or disposal, will have the corresponding log number inscribed on the frame or receiver. Furthermore, all firearms placed into reference will be tagged in such a manner so as to display its assigned location within that laboratory's collection.

- II.D. If a firearm is to be destroyed, the method of destruction will be an approved method as per EVH 24. Subsequent records of destruction will be properly maintained for inspection purposes. (See TCH Appendix 3)
- II.E. The transfer of reference firearms from one Command laboratory to another Command laboratory will require appropriate documentation of the ROF form and in the "FIREARM LOG BOOK" of each laboratory.
  - II.E.1. The "original" ROF form will remain with the laboratory maintaining the firearm.
  - II.E.2. Firearms released to other departmental units will require the Laboratory Director's authorization and will be documented as with any other transfer.
  - II.E.3. Firearms released to, or donated to the Illinois State Police, Division of Forensic Services, Forensic Sciences Command become the sole legal property of the laboratory system and will not be returned.
  - II.E.4. All documents that pertain to a weapon must be kept together.



## Forensic Sciences Command



Date of Original Issue: 10/01/96	Policy: <b>TCH 2 - Reference Ammunition</b> Page 1 of 1
Date of Revised Issue: 07/01/07	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-09-01	

## I. POLICY

The Forensic Sciences Command will not accept reference ammunition in an amount that cannot be used by one of its laboratories. Laboratories must limit inventories due to problems associated with proper disposal of surplus/unwanted live ammunition.

## II. PROCEDURE

- II.A. Any live ammunition from casework will be returned to the submitting agency and not disposed of by the laboratory.
- II.B. If a laboratory accumulates ammunition that is no longer useable, an ammunition manufacturer will be contacted for disposal. The statewide training firearms coordinator is to be contacted for advice on special or unique ammunition or disposal problems.



## Forensic Sciences Command



Date of Original Issue: 10/01/96	Policy: <b>TCH 3 - Trace Section Expertise</b> Page 1 of 2
Date of Revised Issue: 12/21/21	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-21-10	

## I. PURPOSE

This directive establishes the procedure for the supplemental training required of bench analysts when acquiring additional areas of trace chemistry expertise.

## II. DISCUSSION

It is natural to expect that as a forensic scientist gains experience, he/she will wish to expand his/her scope. A formal procedure for requesting and completing supplemental training is needed. Forensic scientists should be encouraged to develop their talents and to search for improved techniques and methods. The concept of quality assurance, as it is being applied to the Forensic Sciences Command however, requires that each analyst be thoroughly tested before new techniques are allowed to be applied to casework. Completion of initial competency unknowns fulfills this quality assurance requirement.

## III. PROCEDURE

## III.A. MAJOR SPECIALTY AREA (paint, arson, gunshot residue, fibers, hair identification)

III.A.1. Requests - made through the Laboratory Director for the approval of the Commander.

III.A.2. Training - The Training Coordinator will be responsible for administering the training program. Training will follow the program outlined in the Micro/Trace Training Manual. The Training Coordinator will determine which portions of the training can be performed unsupervised at the analyst's laboratory and which will necessitate the analyst spending a period of time at the training laboratory.

III.A.3. Completion of Training - requirements for successful completion of the training program is specified in the training manual, including the completion of a mock trial.

## III.B. MINOR SPECIALTY AREA (e.g. physical match).

III.B.1. Requests - made through the Laboratory Director for the approval of the Commander.

III.B.2. Training - The Training Coordinator will develop a course of instruction including reference lists and suggested training exercises for the study program if they are not already contained within the training manual, so that the analyst can proceed at his/her own pace. Development of new analytical procedures should be encouraged at this point, however, they must be submitted through the Command approval process (refer to RES 2).

- III.B.3. Completion of Training - The analyst, through the Laboratory Director, will at the completion of his/hers study period request a set of initial competency unknowns. The Training Coordinator will furnish the unknowns within two weeks of the request. The Training Coordinator and Laboratory Director will mutually agree upon a timetable for the completion of the unknowns; however, successful completion is required before the analyst begins casework. Results of the unknowns will be submitted in writing to the Training Coordinator and must be complete with no incorrect results. If a set of unknowns is missed, any further sets will be provided at the discretion of the Laboratory Director and the Training Coordinator.
- III.B.4. List of Expertise - The Training Coordinator will maintain a list of Micro/Trace Section expertise and will provide updates to each laboratory as necessary.



## Forensic Sciences Command



Date of Original Issue: 10/01/96	Policy: <b>TCH 4 - Verification of Latent Print Identifications</b> Page 1 of 1
Date of Revised Issue: 03/31/21	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-21-03	

## I. POLICY

All identifications made in a case by the latent print examiner issuing the report will be verified by a second latent print examiner conducting independent casework. Technical reviews and verifications of identifications will not be performed by individuals who have a real or apparent conflict of interest due to a known relationship (including but not limited to household, family, or financial) with the forensic scientist who performed the analysis. Verifications will be performed before any contact is made with the agency regarding any identifications. Exceptions to this requirement must have the Laboratory Director's approval.

## II. PROCEDURE

- II.A. All identifications will be recorded on a Results Table.
- II.B. All identifications will be verified before a report is issued.
- II.C. All verifications will be documented by the examiner making the verifications as follows:
  - II.C.1. Lifts or photographs bearing the impression identified will be marked with the date and initials of the verifying examiner. Standards bearing the known impressions to which the latent was identified will be marked with the initials of the verifying examiner. This information may be physically written on the item, appear visually in the image, be contained in the electronic audit trail of the image, or be embedded in the metadata of the image file.
  - II.C.2. The Results Table in the notes packet will be marked with the name of the verifying examiner and the date that the verification was made.
- II.D. The same latent print examiner will make all of the verifications in a case.
  - II.D.1. Exception to this policy due to special circumstances (e.g., illness) may be approved by the Laboratory Director.
  - II.D.2. The verifying examiner will be as responsible for the identification made as is the examiner reporting the identification in his or her report.
- II.E. All conclusions concerning the origin of a latent print will be reached by following section LP VA-1 of the Latent Prints Procedures Manual.



## Forensic Sciences Command

Date of Original Issue: 03/15/00	Policy: <b>TCH 5 – Automated Biometric Identification System and Next Generation Identification</b> Page 1 of 3
Date of Revised Issue: 07/20/23	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-23-02	

## I. POLICY

The Illinois State Police (ISP) Automated Biometric Identification System (ABIS) is designed to provide two basic services. The first service is the processing of arrest and civil fingerprints in ABIS. The other service is to process latent print evidence obtained from crime scenes with the fingerprint records stored in the ABIS database. The forensic science laboratories' primary function is to process latent prints, unknown deceased subject's prints and to provide investigative leads to investigators by identifying latent prints obtained from crime scenes.

The Next Generation Identification (NGI) is a national system that performs many of the same functions as ABIS; however, the database is significantly larger and is maintained by the Federal Bureau of Identification (FBI).

## II. AGENCY SERVICE GUIDELINES

- II.A. The forensic science laboratories will provide latent print and unknown deceased search services to all agencies that qualify for laboratory services.
  - II.A.1. Illinois Local and State Agencies: Each laboratory will provide database services to all local and state agencies located within the laboratory's service region.
  - II.A.2. Out-of-State Agencies (non-federal): Requests for database services received from other than Illinois local and state agencies will be directed to the Statewide ABIS/NGI Latent Prints Coordinator.
  - II.A.3. Federal Agencies: Requests for database services received from federal agencies to process a federal offense in ABIS that occurred in the state of Illinois may be accepted and processed by the laboratory receiving the request. Requests for database services on new cases received from federal agencies to process a federal offense that occurred in another state or is a multi-state offense will be referred to the Statewide ABIS/NGI Latent Prints Coordinator. Cases that were previously processed by a laboratory will be processed in the database by the laboratory case latent print examiner.
  - II.A.4. Third Party Agency: No cases submitted from third party agencies will be accepted for database processing. The case must be submitted by the case agency. The only exceptions to this policy are those cases wherein the crime scene is processed by crime scene technicians assigned to the Scene and Evidence Services Command; local crime scene technicians that process crime scenes for other agencies and submit evidence to the

ISP laboratory, acting as representatives of the case agency; and agencies that are acting as evidence carriers for another agency. Local laboratories that provide latent print services to other agencies can submit other agency latent print cases for database processing upon receiving approval from the Laboratory Director. Approval will be considered upon receiving a request from the local laboratory.

II.A.5. Case Assignment: The command policy of one latent print examiner per case will be extended to include database processing. The latent print examiner that performs the case processing will also perform the database processing functions in those cases that meet the database guidelines and qualify for database processing. This policy also applies to cases that are received by one laboratory and are processed at another laboratory.

### **III. DATABASE CASE SELECTION GUIDELINES**

III.A. The following will be a set of guidelines followed by the forensic science laboratories in dealing with database case selection.

III.A.1. The case evidence must be submitted in accordance with general evidence submission requirements and be accepted by the laboratory for processing.

III.A.2. Offense Type: All criminal cases will be considered for database processing.

III.A.3. Case Status: Only unsolved (open) criminal cases that can be prosecuted under the statute of limitation for the offense will be processed in the databases.

III.A.4. Suspect Known: Cases submitted that contain suspects will be considered for processing under the following conditions:

III.A.4.a. Case is unsolved (open).

III.A.4.b. Elimination prints were/are submitted.

III.A.4.c. The latent prints were compared with the suspect's prints and elimination prints and no identification was made.

III.A.4.d. Reasonable belief that the unidentified latent prints are those of an unknown suspect.

III.A.5. Elimination Prints: Under normal circumstances elimination prints of all individuals having legitimate access to a crime scene from which latent print evidence was obtained must be submitted for comparison before a case will be considered for database processing.

The elimination print requirement can be waived by the analyst under the following circumstances:

III.A.5.a. If the submission of all necessary elimination prints would be impractical.

III.A.5.b. If the item of evidence was left at the scene by the offender.

Waiving the elimination print requirement in all other circumstances requires the approval of the Laboratory Director or designee.

- III.A.6. Latent Prints Involving Young Children: Latent prints will not be searched in either database when the size of the latent print indicates that they were deposited by a small child (younger than 10 years old).
- III.A.7. Questionable Offenses: Cases submitted wherein the submitting agency expresses doubt that the offense actually occurred or was perpetrated by the victim will not be considered for database processing.
- III.A.8. Cases Submitted for Database Processing: Cases submitted by an agency in which the sole purpose of the submission is to identify a possible suspect through the use of a database may be examined in the following manner:
  - III.A.8.a. All latent impressions developed in the case will be preserved as governed by the Latent Prints Procedures Manual Appendix II, Minimum Standards and Controls, Preservation of Images, Paragraphs III and IV.
  - III.A.8.b. Latent prints in the case may be evaluated to determine whether or not they are suitable for a database search. Latent prints that are not database suitable do not need to be documented.
  - III.A.8.c. Only those latent impressions which will be searched in a database will be compared to the submitted elimination prints.
  - III.A.8.d. The report issued for the case will relate the finding of the database examinations and that further examination of the remaining latent impressions has been deferred.

**IV. ABIS and NGI ADMINISTRATIVE GUIDELINES**

- IV.A. Password: All personnel authorized access to ABIS and NGI will have a confidential password. The password will not be accessible or provided to any other employee. Each person authorized to access the databases will be unconditionally held accountable for any and all actions and transactions that occur in those databases when the assigned password is used to access the databases.
- IV.B. Database Documents: All documents generated and retained, in accordance with ISP Minimum Database Standards and Controls, as a result of database processing will be maintained in the NEC Archive or on the Web Portal.
- IV.C. Copies of Fingerprint and Palmprint Cards: Copies of fingerprint and palmprint records from the Bureau of Identification, Chicago Police Department, and Federal Bureau of Investigation used to affect an identification will be retained in the case file.



## Forensic Sciences Command



Date of Original Issue: 06/01/98	Policy: <b>TCH 16 - Guidelines for Laboratory Coat Usage</b> Page 1 of 1
Date of Revised Issue: 08/13/25	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-25-03	

## I. POLICY

Laboratory coats/jackets are part of an individual's personal protective equipment. As such, they offer protection from splashes and spills which may occur. To meet these criteria, the Forensic Sciences Command has developed minimum guidelines for the use and wear of laboratory coats/jackets.

## II. PROCEDURE

II.A. Laboratory staff members will be furnished with an adequate supply of laboratory coats to limit exposure to chemicals or other hazardous materials.

II.A.1. Laboratory coats will be worn and buttoned while working with biologically stained evidence, hazardous materials or chemicals. They will also be worn and buttoned when working with hairs to prevent the transfer of these items from analyst's clothing to case evidence. Laboratory coats will be changed when they become soiled, and after working with evidence where the potential for cross contamination exists.

II.A.2. Laboratory coats will not be worn in lunch/break rooms, administrative offices, conference/reading rooms, or clerical areas.

II.A.3. Laboratory coats will be worn while receiving/returning evidence that could present a safety hazard, or for official business when circumstances dictate in accordance with command policy ADM 13. Laboratory coats worn to receive/return evidence will not also be worn in analytical areas.

II.A.4. Visitors and vendors are required to wear laboratory coats when working in areas of the laboratory where biological analysis is conducted, as well as where hazardous materials or chemicals are used.



## Forensic Sciences Command



Date of Original Issue: 06/08/00	Policy: <b>TCH 17 - Drug Standards Accountability</b> Page 1 of 2
Date of Revised Issue: 08/27/25	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-25-05	

## I. POLICY

The Illinois State Police, Forensic Sciences Command laboratories will be accountable for all controlled substances which are used as standards.

## II. PROCEDURE

## II.A. Receipt of Drug Standards

- II.A.1. The name of the drug, date received, source (including lot number for primary standards) will be recorded for all drug standards. The record will be revised as drugs are received or consumed. The log/record will be retained for ten years.
- II.A.2. Prior to being used, the identity of each drug standard will be verified and documented to ensure the validity of examination results. An infra-red spectrophotometer, mass spectrometer or other approved analytical instrumentation will be run, and the resultant spectra compared to literature and/or in-house standards. In the event that a literature resource is not available, the spectrum of the drug standard and certificate of analysis as provided by the vendor will be retained. The spectra and/or certificates of analysis will be retained for ten years.
- II.A.3. Primary standards are defined as those obtained from a reputable manufacturer who identifies the standard and may provide additional information such as purity or analysis profile. Secondary standards are those obtained from other sources and verified in-house. Secondary standards are to be kept to a minimum. If secondary standards are maintained, a record as outlined in II.A.1. above must be maintained.

## II.B. Storage and Inventory

- II.B.1. Each Laboratory Director will ensure all drug standards are maintained in a secure area. Limited access will be granted to individuals designated by the laboratory director.
- II.B.2. An annual inventory of all controlled substance standards (primary and secondary) will be conducted and documented to ensure accountability.
- II.B.2.a. Controlled standards over one (1) gram or one (1) milliliter will be weighed and recorded. United States Drug Enforcement Administration (US DEA) exempt purchased standards in liquid solution are exempt from weighing.

- II. B. 2. b. The inventory will be conducted by someone other than the person responsible for record keeping and will be accompanied by the drug standard custodian.
- II. B. 2. c. Results of the annual inventory will be forwarded to the Laboratory Director and Forensic Sciences Command quality assurance administrator.
- II. B. 2. d. Yearly inventory records will be maintained for ten years.



## Forensic Sciences Command



Date of Original Issue: 07/17/00	Policy: <b>TCH 18 - Verbal Release of DNA Results</b> Page 1 of 1
Date of Revised Issue: 08/09/07	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-09-01	

## I. POLICY

Forensic Sciences Command (FSC) personnel will not verbally relay results of a DNA analysis on a case to an agency or attorney until the interpretation results and electropherograms have been peer reviewed. If a situation requires approval by a Technical Leader, then documentation must be present before releasing the DNA results. If the final technical review of the file has not already been documented, the reviewer must document in the file that he/she has reviewed the interpretation results and electropherograms and that it is acceptable for verbal information to be given to the agency.



## Forensic Sciences Command



Date of Original Issue: 10/01/96	Policy: <b>TCH 19 - Firearms Test Shots</b> Page 1 of 1
Date of Revised Issue: 12/21/21	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-21-10	

## I. POLICY

When necessary and if possible, a minimum of two (2) test shots will be fired and recovered. These tests will be entered into the Laboratory Information Management System (LIMS) as a sub-item, properly sealed and marked as evidence and will be returned with the firearm to the submitting agency.

Any additional test shots that are produced may be used for training purposes, to build a fired reference collection, or in the initial screening process of the computerized database (NIBIN). This reference material will not be considered to be evidence and will not be tracked as such.

## II. PROCEDURE

- II.A. The bullet and cartridge case of each test shot will be marked with the laboratory case number, the item number, and the examiner's markings.
- II.B. The examiner should consider indexing and sequencing each shot.
- II.C. Proper hearing and eye protection must be worn.
- II.D. Exhaust fans/systems and all warning systems must be used.



## Forensic Sciences Command



Date of Original Issue: 05/07/01	Policy: <b>TCH 20 - DNA Profiles Generated by Private Laboratories</b> Page 1 of 3
Date of Revised Issue: 08/13/25	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-25-03	

## I. POLICY

I.A. The Illinois State Police (ISP) Forensic Sciences Command (ISP) is committed to providing the highest quality laboratory services to the people of Illinois. ISPs intention is to make the Combined DNA Index System (CODIS) broadly available within the constraints of sound scientific procedure through the following policy. The policy described here is modeled after the ISP policy on accepting and analyzing forensic evidence.

I.B. ISP policy requirements for acceptable profiles are:

- I.B.1. The DNA profile must be derived from probative evidence in a criminal case and attributable to a probative perpetrator. Profiles solely attributable to victim or elimination standards are not acceptable.
- I.B.2. The DNA profile must be submitted through an Illinois law enforcement agency which has jurisdiction over the case.
- I.B.3. The DNA profile must have been developed by a laboratory that is accredited by an NDIS approved accrediting body. The laboratory must use sound, established scientific practices and must follow the current Quality Assurance Standards (QAS).
- I.B.4. The submitting agency must agree to investigate potential leads resulting from a database match with the submitted DNA profile.
- I.B.5. The laboratory must comply with Illinois Supreme Court Rule 417 for Standardized Discovery for DNA Evidence.
- I.B.6. Accepted profiles will remain the property of the ISP and will be expunged only by a valid court order.
- I.B.7. Profiles submitted must have been developed using a NDIS approved amplification kit, platform and analysis method in which Illinois State Police Forensic Sciences Command casework forensic scientists are currently proficient. Procedures using Low Copy Number Amplification parameters will not be accepted. All profiles must be technically reviewed and accepted by the Illinois State Police.

I.B.8. Requests, by an agency, for entry of profiles into CODIS or search of profiles within CODIS must be initiated by the agency prior to the agency-contracted vendor laboratory starting analysis of the evidence. The documentation, as required in II.B. of this policy, must be submitted to the State CODIS Administrator. When all documentation is complete, the State CODIS Administrator will maintain the original documentation and forward copies of the documentation to the appropriate technical leader. The vendor laboratory must be approved by the appropriate technical leader and the State CODIS Administrator prior to any analysis. DNA profiles resulting from analysis conducted prior to receiving approval from the appropriate technical leader and the State CODIS Administrator will not be entered or searched in CODIS.

Upon receipt of the forensic biology/DNA testing portions of the case file from the vendor laboratory, a copy of that case file will be sent to the local CODIS Administrator of the laboratory which normally receives evidence from the agency making the request. The local CODIS Administrator of that laboratory will review the case file, as documented in II.B.4. of the policy, for eligibility of DNA profiles for CODIS entry or search. The local CODIS Administrator will maintain that copy of the case file in his/her laboratory.

## II. PROCEDURE

II.A. Upon submission, the agency must present written documentation of a valid chain of custody for the sample from which the unknown profile was derived and a written request to search the DNA profile against the DNA database.

II.B. Eligible profiles from ISP Forensic Sciences Command approved vendor laboratories will be entered into the appropriate local CODIS database, searched and uploaded to the State database. NDIS eligible profiles will be uploaded to the National DNA Index System (NDIS) of CODIS. The vendor laboratory must document and demonstrate FBI compliance by providing the following to the appropriate technical leader and the State CODIS Administrator:

- II.B.1. Provide documentation of compliance with the audit requirements of the DNA Identification Act of 1994, as amended. The vendor laboratory must provide copies of all external and internal audits covering the testing period. These audits must be conducted utilizing the FBI's Quality Assurance Standards Audit Document. Include documentation of any findings and documentation of compliance by corrective actions if so applicable.
- II.B.2. Provide documentation of proficiency tests for all analysts and technicians involved in the DNA analysis and review process. Proficiency test documentation must include dates showing compliance during the dates of the analysis.
- II.B.3. Complete and sign Command Directive TCH Appendix 10.
- II.B.4. The forensic biology/DNA testing portions of the case file must be sent for technical review. The case file should be sent to the ISP laboratory that normally performs analysis on the requesting agency's DNA evidence. If the data is acceptable, the local CODIS Administrator will be responsible for ensuring the following steps are completed:
  - 1) A complete review of the case file and entry of the profile into their local CODIS database.
  - 2) A local search of the profile.
  - 3) The profile is uploaded to the State database and searched.

- II.B.5. If a vendor laboratory is to perform analysis of evidence submitted by an agency other than the Illinois State Police, then documentation of accreditation by an NDIS acceptable accrediting organization is required. If a vendor laboratory is to perform analysis of evidence submitted to the vendor laboratory by the Illinois State Police then documentation of ISO 17025 laboratory accreditation by an NDIS acceptable accrediting organization is required.
- II.B.6. The vendor laboratory must allow a documented on-site visit(s) of the vendor laboratory prior to beginning analysis of the evidence. The visit will be conducted by the technical leader, or a qualified designee, of the NDIS participating laboratory accepting ownership of DNA profiles resulting from the analysis.

The technical leader of the NDIS participating laboratory may opt to accept an on-site visit that has been conducted by another NDIS participating laboratory using the same technology, platform, and typing amplification kit for the generation of DNA data. The on-site visit by the other NDIS participating laboratory must have been conducted within the same calendar year that the analysis of the evidence in question will take place. The technical leader will document the review and approval of such on-site visit.

If the vendor laboratory is under contract with the ISP and the outsourcing agreement extends beyond one year, an annual on-site visit shall be required. Each annual on-site visit shall occur every calendar year and shall be at least six months and no more than 18 months apart.

- II.C. If both the appropriate technical leader and the State CODIS Administrator agree that the proposed vendor laboratory is eligible, then approval will be documented in writing to the requesting agency for the approved vendor laboratory to start analysis of the case. This written approval will also be forwarded to the local CODIS Administrator of the applicable ISP laboratory.

III. Private vendor laboratories under contract with the Illinois State Police will abide by the conditions of the agreed upon contract between the private vendor laboratory and ISP. Contracts with private laboratories must employ the rules found in TCH 20.

Private laboratories not under contract with ISP must abide by TCH 20. Requests from agencies to utilize a private vendor laboratory will be handled on a case by case basis. In some instances, previously submitted documentation from a private vendor laboratory may be accepted by ISP in lieu of resubmitting the documentation.



## Forensic Sciences Command



Date of Original Issue: 05/06/01	Policy: <b>TCH 21 – Illinois State Police DNA Database</b> Page 1 of 3
Date of Revised Issue: 08/15/23	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-23-03	

## I. POLICY

This policy establishes the Illinois State Police (ISP) DNA database consisting of profiles in the loci employed by the Illinois State Police (ISP) which includes all ISP laboratory employees, contractual laboratory workers, interns, Crime Scene Investigators, and others as determined by the Laboratory Director or DNA Technical Leader(s). This database is being established in accordance with the Genetic Information Nondiscrimination Act (GINA) of 2008, a federal law. The ISP will collect biological samples to be used for the analysis of DNA identification markers only for quality control purposes as specified in GINA. This will allow the ISP to identify the source of contamination and prevent those DNA profiles from being maintained at all levels of the Combined DNA Index System (CODIS). Employees will have all the protections afforded to them by GINA and employee biological samples will be used only for the purposes described above.

To minimize contact by analysts in other disciplines with potential DNA evidence, agencies will be requested to inform the laboratory at the time of submission of the case if the case requires DNA analysis. If DNA analysis is required, the case will go to the forensic biology section before going to any other section in the laboratory.

## II. PROCEDURE

II.A. Within seven (7) days of assignment to the laboratory or effective date of this policy, six (6) buccal swabs must be collected from laboratory personnel.

II.A.1. It is the Laboratory Director's responsibility to ensure:

II.A.1.a. the new laboratory personnel are collected.

II.A.1.b. all personnel at their laboratory have been collected and included in the database.

II.A.2. The Director of Training will be responsible for ensuring all new Forensic Scientist Trainees have been collected.

II.A.3. The Scene and Evidence Services Commander will be responsible for ensuring all new Crime Scene Investigators (CSI) candidates and other Scene and Evidence Services Command (SESC) Officer samples are collected and included in the database.

II.B. The appropriate acknowledgment form will be completed by all parties. Refer to TCH Appendix 11. Each Laboratory Director will be responsible for forwarding all laboratory staff samples and documentation to the State CODIS Administrator (SCA). The Scene and Evidence Services Commander will be responsible for forwarding all SESC samples and documentation to the Forensic Biology (FB)/DNA Program Manager for review and forwarding to the SCA.

- II.C. All samples will be coded by the State CODIS Administrator and forwarded to the DNA Indexing Laboratory's staff to be analyzed at the DNA Indexing Laboratory using loci employed by the ISP.
- II.D. The State CODIS Administrator will ensure entry of profiles into the ISP DNA database and distribution of the coded profiles to the ISP local CODIS administrators for entry into the laboratory's DNA database. These profiles will not be uploaded to National DNA Index System (NDIS).
- II.E. Remaining swabs will be maintained by the DNA Indexing Laboratory for analysis in future loci that may be needed. Should four (4) of the originally collected swabs be consumed, an additional four (4) swabs will be re-collected from the laboratory personnel and forwarded to the DNA Indexing Laboratory for retention. Within 5 working days of the effective date of an employee's separation from ISP employment, the Laboratory Director will notify the State CODIS Administrator and FB/DNA Program Manager that the remaining buccal swabs for this individual are to be destroyed. The Scene and Evidence Services Commander will be responsible for notifying the FB/DNA Program Manager when a SESC Officer separates employment with ISP or leaves the unit, as appropriate, and that the remaining swabs for the individual are to be destroyed. Samples collected from non-ISP individuals will be maintained indefinitely unless otherwise requested by the individual. The State CODIS Administrator will be responsible for destroying the remaining buccal swabs and providing notification of destruction to the FB/DNA Program Manager.
- II.F. It is the State CODIS Administrator's responsibility to ensure a search of the offender database against the ISP DNA database is performed at least weekly to detect contamination of offender samples by DNA Indexing personnel. Any associations to the ISP DNA database will be communicated to the DNA Indexing Technical Leader. The DNA Indexing Technical Leader is responsible for notifying laboratory management of the individual identified as the source of the extraneous DNA. Laboratory management will be responsible for notifying this individual and initiating any actions required by the ISP Quality Manual.
- II.G. It is the case working DNA analyst's responsibility to search open forensic profiles against the ISP DNA database. If a potential association is made, the DNA analyst will receive a match report containing coded information that will not reveal the name of the individual. The DNA analyst will be required to ensure the specimen is unmarked for upload and contact their assigned DNA Technical Leader. The DNA Technical Leader is responsible for notifying laboratory management of the individual identified as the source of the extraneous DNA. If the hit is to a SESC Officer, the DNA Technical Leader will also notify FB/DNA Program Manager of the individual identified as the source of the extraneous DNA. The FB/DNA Program Manager will be responsible for notifying the Scene and Evidence Services Commander of the individual identified as the source of the extraneous DNA. The final results of the comparison will be documented in the case file and/or Indexing incident documentation as appropriate. The individual's alleles or the entire forensic profile, as accepted by the DNA Technical Leader, will be removed from CODIS.
- II.H. Laboratory management will be responsible for notifying the laboratory individual identified as the source of the extraneous DNA and initiating any actions required by the ISP Quality Manual. The Scene and Evidence Services Commander will be responsible for notifying the SESC individual identified as the source of the extraneous DNA and initiating any action required by SESC Quality Management System.
- II.I. If DNA from an individual who has been entered into the ISP DNA database is identified in a profile and additional DNA analysis is unable to resolve the issue, then a general statement that extraneous DNA was identified will be included in the laboratory report. The individual identified as the source of the extraneous DNA will not be named in the laboratory report and will be informed of the results prior to the laboratory report being issued. Command personnel, including the DNA Technical Leader(s), the SESC Commander (if appropriate), and other resources, will investigate the situation to determine if all policies and procedures were followed. The presence of extraneous

DNA will not in itself be grounds for discipline unless such presence is the result of negligence by the employee.

- II.J. The ISP DNA database will be used only by the Illinois State Police laboratory system.
- II.K. Upon request, an employee may obtain a printed copy of his/her DNA profile. See TCH Appendix 17.
- II.L. Anyone who requires access to the FB/DNA laboratory areas, who has not previously provided a sample to the ISP DNA Database, will be requested to provide a sample in compliance with this Command Directive. This will include scientific experts, calibration technicians, scientist conducting in-house validations for ISP, and service repair engineers.
- II.M. Upon request, any person who submitted a DNA sample pursuant to section II.L. may obtain a copy of his or her DNA profile. See THC Appendix 17.



## Forensic Sciences Command



Date of Original Issue: 10/01/96	Policy: <b>TCH 22 - Use of Human Subject Samples for DNA Training and Research</b> Page 1 of 2
Date of Revised Issue: 08/13/25	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-25-03	

## I. POLICY

It is the policy of the Forensic Sciences Command (FSC) to protect the privacy rights of all individuals. To that end, volunteer samples from human subjects who are not FSC employees will not be taken or brought into the laboratory for DNA testing, unless an exception to this policy is granted. Volunteer samples from FSC employees may be used, provided the procedures outlined below are followed. The use of samples from volunteers, or the DNA data generated from such samples, is prohibited without written authorization from the sample donor.

## II. PROCEDURE

II.A. Limited exceptions to this policy may be granted, primarily for research or training purposes.

- II.A.1. To obtain training samples from individuals who are not FSC employees, a request must be submitted to the Director of Training. The request must include the need for collecting and/or using the samples. The Director of Training will obtain Command approval before authorizing the collection and use of the samples.
- II.A.2. All research proposals shall be submitted to the Training and Applications Laboratory Director in accordance with ORG4. The request for approval to use volunteer samples from individuals who are not FSC employees shall be included in the research proposal. The Training and Applications Laboratory Director will obtain Command approval before authorizing the collection and use of the samples.
- II.A.3. Requests may be made for volunteer samples from FSC employees without seeking approval from Command.
- II.A.4. DNA profiles from all first-time sample volunteers will be entered into the Laboratory Personnel DNA Database prior to sample use in training, research, or proficiency tests. These profiles will be treated in accordance with TCH 21. Volunteers will be required to sign a consent form (see TCH Appendix 11 and/or TCH Appendix 13) authorizing the use of their samples and the databanking of their DNA profile.
- II.A.5. Signed consent forms will be maintained by the Forensic Sciences Command Bureau Chief overseeing Training and Research or his/her designee.
- II.A.6. Outside of the CODIS Laboratory, offender samples will not be used in training programs, research projects, or Forensic Sciences Command internal proficiency tests without Command approval. The CODIS Laboratory may use offender samples without Command approval.

II.B. Personal identification (names) shall not be used on volunteer samples or data generated from the samples.

II.C. Sample Destruction

II.C.1. Volunteer samples collected as per II.A.1. for training shall be destroyed at the conclusion of the training exercise. It is the responsibility of the person who brought the volunteer samples into the laboratory to ensure that these samples have been destroyed.

II.C.2. Volunteer samples collected as per II.A.2. for research purposes shall be destroyed at the conclusion of the research project. It is the responsibility of the person who brought the volunteer samples into the laboratory to ensure that these samples have been destroyed.

II.C.3. An exception to this policy to destroy volunteer samples from non-FSC employees may be requested. The request for this exception shall be stated in the research proposal. The proposal shall also clearly state the need to maintain the volunteer samples in the laboratory.

II.C.4. Samples from non-FSC employees may be maintained in the laboratory only with Command approval.

II.C.5. FSC employees who have provided samples for use in an established FSC training program, an approved FSC research project, or an FSC internal proficiency test, and whose DNA profile is in the ISP DNA (“Staff”) Database, will be responsible for requesting the destruction of those samples. Any samples not requested to be destroyed will be available for use in future FSC training programs, research projects, or internal proficiency tests.



## Forensic Sciences Command



Date of Original Issue: 04/18/02	Policy: <b>TCH 23 - DNA Educational Requirements</b> Page 1 of 2
Date of Revised Issue: 08-27-25	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-25-05	

## I. POLICY

In order to ensure that all laboratories can adequately demonstrate that each DNA analyst meets the educational requirements for the three DNA courses, the following directive is in effect for evaluating DNA course work for every DNA analyst.

## II. RESPONSIBILITY

The appropriate technical leader (TL) will assume responsibility for all reviews of course work, including past reviews, reviews in progress and all pending reviews.

## III. DEFINITION

The following documents are acceptable proof of a valid course:

- III.A. A transcript showing the course name as “molecular biology”, “genetics”, or “biochemistry”.
- III.B. A course syllabus indicating that an integral component of the course (effective July 1, 2009, for new hires, FSC defines this as >50%) dealt with the appropriate area.
- III.C. A letter from the professor/department stating that a majority of the course dealt with the appropriate area.

## IV. PROCEDURE

- IV.A. Each Laboratory Director is responsible for ensuring that there is a file for each DNA analyst which includes the following:

IV.A.1. The documentation that was reviewed by the TL for each course (e.g., transcripts, the actual syllabus, a letter from the professor, etc.), with some documentation by the TL to designate which items were reviewed.

IV.A.2. Documentation from the TL which states the course is acceptable. The TL documentation must also state when the person entered DNA or have some way of showing under what version of QAS guidelines the course work was reviewed (e.g., the date the review was conducted or the effective date of the QAS document used).

IV.A.3. For individuals in training, the training coordinator/facilitator will be responsible for keeping this file while the person is in training. At the completion of the individual's training, the file will be transferred to the appropriate Laboratory Director.

IV.B. The Laboratory Director is responsible to provide all the appropriate documentation to the TL before a forensic scientist begins a DNA in-house or cross training program. For new hires, appropriate documentation will be provided and reviewed during the hiring process.



Date of Original Issue: 06/16/03	Policy: <b>TCH 24 - Imaging in Forensic Case Work</b> Page 1 of 2
Date of Revised Issue: 07/20/23	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-23-02	

## I. POLICY

- I.A. The Forensic Sciences Command requires images supporting case work to meet certain technical requirements found in the Procedures Manuals of the various forensic disciplines. This policy will set administrative procedures, maintenance, image management, archiving, and quality assurance operations common to all sections.
- I.B. Digital technologies have replaced silver-based film for imaging and photography. The silver-based film negatives and photographs that were previously captured and used in casework are still acceptable to use when supplemental work is required.
- I.C. Periodic review of this policy will be necessary because of the rapid changes in digital imaging technologies.

## II. GENERAL PROCEDURES

- II.A. These procedures apply to analytical images only and do not apply to record photography, ABIS, NGI, demonstrative images, or public relations activities.
- II.B. For case work, only imaging equipment and peripherals approved by the Command will be used.
- II.C. Users will operate, monitor, and maintain imaging equipment in accordance with manufacturer's guidelines.
- II.D. Analysts, Examiners, and Technicians will receive imaging training as needed in discipline specific areas.

## III. PROCEDURES FOR DIGITAL IMAGE CAPTURE

- III.A. The user will verify that the camera and system function properly. Capture devices must be periodically cleaned, checked for function, and calibrated if needed.
- III.B. The user will select capture and output based on the desired end product.
- III.C. Accuracy of the information in the Area of Interest (AOI) will be verified by the analyst or examiner using the end product.
- III.D. All image processing must be documented. An electronic history is acceptable.
- III.E. Images must be associated with the case and item from which they originate.

- III.F. Original analytical images will be saved to the server/workstation in an unaltered state using uncompressed TIF, BMP, raw JPG, or the proprietary language of the capture device.
- III.G. Working copies are made from original images, then opened, processed, and also stored in the same server/workstation.
- III.H. Images in the folder will be named to differentiate exhibits, multiple exposures, and working copies.
- III.I. An archive is made for all closed cases from the temporary folders before they exceed the storage capacity of the archive media. They will be marked with the dates covered and the initials of the person making the media. The folders are deleted from the hard drive after archiving. If space permits, a copy of the archive can be stored on a separate part of the hard disk for easier access. Archive media will be stored in a suitable container to resist environmental damage to include fire and structural collapse.
- III.J. Images and folders must be checked to insure they were successfully written to their destination at each step.
- III.K. Individual or personal copies of analytical images will not be maintained unless for instructional use, demonstrative purpose, or other unique need. Any such copy will not replace the case file or archive copy.
- III.L. Storage of digital image data on a secured server is permitted. Storage must conform to current ISP policies regarding electronic data. The following should be considered:
  - III.L.1. Each digital file will have a unique identifier.
  - III.L.2. Access to the data will be limited to authorized persons.
  - III.L.3. Continuous backup of data will be performed using a Centralized Backup via DoIT or an approved encrypted Cloud service.



## Forensic Sciences Command



Date of Original Issue: 04/01/16	Policy: <b>TCH 25 – Potential-Relative Matches</b> Page 1 of 3
Date of Revised Issue: 12/03/18	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-18-08	

## I. POLICY

This policy is based on the recommendations of the Scientific Working Group for DNA Analysis Methods Ad Hoc Committee on Partial Matches and the Federal Bureau of Investigation (FBI) Combined DNA Index System (CODIS) Bulletin BT060112. The Illinois State Police (ISP) Forensic Sciences Command will comply with all FBI policies and procedures that involve a National DNA Index System candidate match.

This policy establishes how partial/potential-relative matches are handled by the ISP Forensic Sciences Command where at least one of the profiles has originated from an ISP Laboratory. Any candidate match that involves a Relative of Missing Persons specimen is exempt from this policy.

It is the intent of the ISP Forensic Sciences Command to maintain the delicate balance of providing investigative information in an unsolved criminal case and protecting the privacy of an individual excluded as the paternal relative of the perpetrator. Therefore, the reporting of potential-relative match results will not be the same as routine casework. Forensic Scientists are prohibited from providing information about partial/potential-relative matches to the agency without the prior written approval of the Technical Leader and Laboratory Director.

## II. DEFINITIONS

- II.A. Partial match: An autosomal moderate stringency CODIS match or a benchwork comparison between two autosomal profiles where the donor of one sample is excluded as the donor of the other sample. However, due to the possible genetic similarities as implied by the number of shared alleles, a close relative may be implicated as the source of the casework profile.
- II.B. Potential-relative match: A partial match profile that has met the minimum criteria of shared alleles with another sample and has matching Y-STR haplotypes.

## III. PROCEDURE

- III.A. Partial matches may be identified through the use of CODIS or observations during benchwork analysis using the criteria established in the Forensic Biology/DNA Procedure Manual. All candidate matches identified in CODIS will be evaluated for a partial match. Y-STR analysis will have been conducted on partial matches that have met the criteria.

III.B. Upon completion of Y-STR analysis, the following situations will be addressed:

III.B.1. If Y-STR analysis does not exclude the evidentiary or databasing reference sample as a potential paternal relative of the perpetrator, the analyst must contact their Technical Leader to review the data and for approval to proceed with the potential-relative match process. Then, the Laboratory Director must contact the appropriate State's Attorney Office to have the Potential-Relative DNA Match Acknowledgment Form signed. Refer to TCH Appendix 14.

If the State's Attorney Office has not been assigned the case, the Laboratory Director will contact the investigating agency to have the form signed.

III.B.1.a. The Laboratory Director will ensure the State's Attorney Office or investigating agency is aware of the analytical limitations and privacy issues associated with the release of the potential-relative information.

III.B.1.b. If the State's Attorney Office or investigating agency chooses not to sign the form, the potential-relative match information will not be released.

III.B.1.b.1. If the State's Attorney or investigating agency refuse to sign the form the Laboratory Director will document the refusal and all pertinent information on TCH Appendix 14.

III.B.1.b.2. The laboratory report will reflect that additional analysis was performed and that the form had not been signed.

III.B.1.b.3. If a signed form is received at a later date, the information will be released in a supplemental laboratory report.

III.B.1.c. A copy of the signed form will be provided to the Assistant Laboratory Director at the Indexing Laboratory so information from the databasing reference sample may be released to the casework laboratory.

III.B.2. If Y-STR analysis excludes the evidentiary or databasing reference sample as a paternal relative, a laboratory report(s) will be issued documenting that additional analysis was performed. The name associated to any databasing reference sample excluded as a paternal relative will not be released by the Indexing Laboratory.

III.C. Forensic Scientists are prohibited from providing information about potential-relative matches to the agency without the prior written approval of the Technical Leader and Laboratory Director.

III.D. The ISP Forensic Sciences Command, Forensic Biology/DNA Program Manager and the State CODIS Administrator will be notified of the potential-relative match information prior to a report being issued.

III.E. Forensic Scientists are responsible for maintaining partial/potential-relative match documentation in the electronic case file.

- III.F. For all cases involving a potential-relative match, a notification through the Laboratory Information Management System (LIMS) will be sent to the FB/DNA Program Manager that a report is available
- III.G. Refer to TCH Appendix 15 (CODIS search) or TCH Appendix 16 (benchwork comparison) for a flow chart of this procedure.



## Forensic Sciences Command

Date of Original Issue: 05/15/19	Policy: <b>TCH 26 – DISC Policy</b> Page 1 of 2
Date of Revised Issue: 08/04/2021	
Revision Transmittal Number: T-21-06	<i>Compliant with ISO 17025 standards and the ANAB accreditation requirements.</i>

**I. POLICY**

This policy is established in order for the Illinois State Police (ISP) to participate in the use of rapidly enrolled arrestee DNA records collected in states that have arrestee legislation, in conjunction with the FBI Rapid DNA Pilot. ISP will participate by working with law enforcement agencies to identify forensic unknown DNA samples that are eligible to be marked and placed at the National DNA Index System (NDIS) in the DNA Index of Special Concern (DISC). These DNA profiles will be searched against each arrestee sample that is analyzed and sent to NDIS as part of Rapid DNA. The expected result is when a Rapid DNA arrestee profile has a hit to an Illinois DISC enabled profile the Illinois law enforcement agency will be immediately sent a message called Unsolicited DNA Notification (UDN) generated automatically by the current CODIS software. This message will be sent to the investigating agency of the forensic profile, the booking agency, and the arresting agency of the arrestee that hit to an Illinois forensic unknown.

**II. DEFINITIONS**

**DNA Index of Special Concern:** In an Index within CODIS consisting of forensic unknown DNA records designated by the NDIS participating laboratory and developed from unsolved homicide, rape/sexual assault, kidnapping, and terrorism cases, which will be searched against rapidly enrolled arrestee DNA records.

**Rapid DNA Instrument:** Instrumentation that carries out a fully automated process to derive a DNA analysis (CODIS compatible STR profile) from a database, known or casework reference DNA buccal sample.

**Rapidly enrolled arrestee DNA record:** The process by which a sample is taken from an arrestee at the booking station and analyzed in a Rapid DNA Instrument; the result is uploaded immediately to NDIS to be searched against DISC samples.

**III. PROCEDURES**

A. Unknown profiles that are selected for DISC enabling must meet the following criteria established by the Federal Bureau of Identification (FBI);

1. The case offense must be homicide, sexual assault, kidnapping, or terrorism.
2. The unknown profile must be a single source DNA profile with complete results at the original 13 CODIS core loci.
3. The specimen category of the unknown profile in CODIS must be set to Forensic Unknown.
4. The case must be unsolved with the Source ID in CODIS set to No.

- B. Should a hit occur, the investigation agency that submitted the unknown profile must agree to extradite the arrestee and follow-up accordingly.
  - 1. If the investigating agency has agreed to follow-up, the unknown CODIS DNA profile will be DISC enabled by the Local CODIS Administrator or designee using the CODIS software. This will include typing in all metadata required by CODIS (FBI) to DISC enable the sample.
  - 2. If the agency does not agree to follow up, the unknown CODIS DNA profile will not be DISC enabled by the Local CODIS Administrator or designee using the CODIS software.
- C. Should a hit occur to a DISC profile it will be the Local CODIS Administrator's responsibility to contact the Illinois Law Enforcement Agency (LEA) within 2 business days to ensure the LEA is aware of the UDN and will be following up accordingly.
- D. It will be the Local CODIS Administrator's responsibility to ensure each DISC enabled profile is re-certified on a yearly basis as follows:
  - 1. Contact the investigative agency to confirm the case is still active.
  - 2. Confirm the profile continues to meet the eligibility as a DISC-enabled forensic profile.
  - 3. This re-certification must be documented as part of the casefile.
  - 4. If the profile no longer meets the DISC enabled eligibility requirements it will be removed from the DISC Index of CODIS.

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<b>TCH Appendix 11</b>	<b>Acknowledgment Form for Collection of Biological Samples</b>	<b>08/13/25</b>	<b>3</b>
TCH Appendix 12	Removed	07/30/09	
TCH Appendix 13	Consent Form for Collection of Biological Samples	01/10/19	1
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## TCH APP 3

Date Received:   /  /  

Illinois State Police  
 Division of Forensic Services  
 Forensic Sciences Command  
 Receipt of Firearms

Serial Number:

Log Number:

Initial Location:

The following described firearm is being transferred to the Illinois State Police, Forensic Sciences Command for their use in accordance with 720 ILCS 5/24-6 or 765 ILCS 1030/2(B) of the Illinois Compiled Statutes.

Laboratory:		Received By:	
Caliber:	Manufacturer:	Model:	
Type:	Finish:	Barrel Length:	Rifling:

I hereby certify that I am authorized to transfer this weapon to the Illinois State Police and that the Illinois State Police is authorized to use and/or destroy this firearm according to established administrative guidelines. It is understood that all firearms turned over for scientific purposes become the sole property of the Illinois State Police and will not be released or returned.

Agency/Source:		By (Name):	
Agency No.:		By (Printed Name):	

Lab Case No.:	Court Order No.:	County of Origin:	<input type="checkbox"/> Unclaimed Property
---------------	------------------	-------------------	---

Transfer To (Lab/Agency):		By (Name):	(Signature)
Date:	Recipient (Name):		(Signature)
Transfer To (Lab/Agency):		By (Name):	(Signature)
Date:	Recipient (Name):		(Signature)

Disposal: How Destroyed:	Where Destroyed:	Date Destroyed:
Destroyed By (Name):		(Signature)
Witness to Destruction (Name):		(Signature)



**ILLINOIS STATE POLICE  
Division of Forensic Services  
Forensic Sciences Command**

**TCH Appendix 10**

**CERTIFICATION OF PRIVATE LABORATORY COMPLIANCE  
with the Federal Bureau of Investigation  
Quality Assurance Standards for Forensic DNA Testing Laboratories**

I hereby certify that the \_\_\_\_\_ Laboratory complies with the current version of the Federal Bureau of Investigation (FBI) Quality Assurance Standards for Forensic DNA Testing Laboratories. In support of this certification I am providing copies of audits, corrective actions (if applicable), and proficiency test records.

Is the Laboratory ISO 17025 accredited by an appropriate forensic laboratory accrediting body?

Circle one: Yes or No

If no, is the Laboratory accredited by an NDIS approved accrediting body using the current QAS?

Circle one: Yes or No

If yes, to either question, provide a copy of the accreditation certificate and scope.

---

(Signature of the Laboratory Director)

---

(Date)



**ILLINOIS STATE POLICE**  
**Division of Forensic Services**  
**Forensic Sciences Command**

**TCH Appendix 11**  
**Collection Instructions**

To ensure the integrity of the database and to ensure the proper collection technique is adhered to the following steps must be taken:

1. All laboratory employees will be collected within 7 days of their employment.
2. A laboratory manager **must** be present during the collection process for all individuals in order to verify collection.
3. Either a manager with DNA experience or a DNA analyst must also be present during the collection of all samples to ensure proper handling of the DNA samples.
4. Collection must occur one individual at a time from collection through the sealing of the envelope. This will reduce the risk of potential contamination or sample mix ups. Collection will take approximately **15 minutes** per person.
5. To ensure timely collection, you may utilize multiple teams to collect samples, provided the requirements in Step 2 & Step 3 are met.
6. Have a collection kit and copy of TCH Appendix 11 prepared when the individual arrives to provide their sample.
7. Have the individual read TCH Appendix 11, print their name, sign, and date the form.
8. The laboratory manager present during collection will also sign and date TCH Appendix 11.
9. Do not write any identifying information on either of the envelopes (step k. and step m. below) to ensure the confidentiality of each individual sample collected.
10. The manager with DNA experience or DNA analyst present for the collection of the sample should open the collection kit.
  - a. Remove the gloves and put them on.
  - b. Remove the sterile swabs.
  - c. Tear off perforated instruction sheet/sample receipt from the swab envelope and discard. Keep the swab envelope and desiccant pack.
  - d. Remove the Tyvek envelope.
  - e. All other items in the collection kit can be discarded.
  - f. Open one of the sterile swab packages containing two swabs.
  - g. Either hand the two swabs to the individual to vigorously swab their own mouth at least 6 times or the manager with DNA experience or the DNA analysts should use the two swabs to vigorously swab the inside of the individual's mouth at least 6 times.
  - h. Place the swabs on the open sterile swab package.
  - i. Repeat steps f. and h. twice using the remaining two packages of swabs. A total of 6 swabs are required for collection.
  - j. **Allow swabs to air dry 5-10 minutes.**
  - k. The manager must place swabs back into their original sterile swab packages.
  - l. Place all swab packages into the swab envelope. Remove the self-seal backing from the envelope and seal.
  - m. Remove the gloves and place the swab envelope into the Tyvek envelope. Remove the self-seal backing from envelope and seal.
  - n. Staple the completed TCH Appendix 11 form to the outside of the preprinted return envelope and secure.
  - o. Complete steps a. through n. until all samples have been collected.

11. Care must be taken when handling the preprinted return envelope with TCH Appendix 11 stapled to it after collection to ensure the two documents are **not** separated. This is the only way the two can be linked together prior to being coded by the State CODIS Administrator (SCA) at the DNA Indexing Laboratory.
12. If the Laboratory Director (LD) was not the manager present during the collection of the employee's sample, then the LD will initial TCH Appendix 11, documenting their acknowledgement of the collection of the sample from the individual.
13. Once all samples have been collected, place the preprinted return envelopes with the fully signed/initialed TCH App 11 stapled to each one into a box and overnight mail them to the DNA Indexing Laboratory to the Attention: State CODIS Administrator. **Do NOT mail** using the pre-paid business reply mail option that is stated on the Tyvek envelope (this is only for offender use). Each laboratory is required to pay for postage to send the samples to the DNA Indexing Laboratory.
14. Anytime a non-Illinois State Police (ISP) or new employee sample is collected at your laboratory send an email notifying your Bureau Chief and the FB/DNA Program Manager, that they have been collected. Additionally, send an email to the SCA and the Assistant Laboratory Director (ALD) at the DNA Indexing Laboratory to notify them of the pending sample submission.



**ILLINOIS STATE POLICE**  
**Division of Forensic Services**  
**Forensic Sciences Command**

TCH Appendix 11

**ACKNOWLEDGMENT FORM FOR COLLECTION OF BIOLOGICAL SAMPLES**

I, \_\_\_\_\_, am providing buccal samples to be analyzed in DNA by the  
(Printed Name)  
Illinois State Police (ISP) consistent with the ISP Policy regarding the ISP DNA Database (TCH-21). It has been established by the parties that this sample will be used for the exclusive purpose of establishing a DNA database against which every open DNA profile from each case will be searched.

My signature on this document acknowledges my understanding to provide such sample consistent with the above named policy and of the protections provided to me under the Federal Genetic Information Nondiscrimination Act (GINA) of 2008.

Check box for Non-ISP employee sample collection (circle as appropriate: scientific expert, service engineer, calibration technician, other \_\_\_\_\_)

---

Signature

---

Laboratory Management Signature  
(Witness to collection)

---

Date

---

Date

---

Laboratory Director Initials



**ILLINOIS STATE POLICE**  
Division of Forensic Services  
Forensic Sciences Command

**TCH Appendix 13**  
**CONSENT FORM**  
**FOR**  
**COLLECTION OF BIOLOGICAL SAMPLES**

I, \_\_\_\_\_, am providing biological samples to be analyzed in DNA by  
(Print Name)  
Illinois State Police (ISP) for use in research, validation studies, training, or the production of internal  
proficiency tests. I acknowledge my understanding that if I am not currently in the ISP DNA Database,  
my DNA profile will be added to this database, and retained in accordance with TCH 21.

My signature on this document acknowledges my understanding and consent to provide such samples.

---

Volunteer's Signature

---

Date

Revised: January 2019



**Illinois State Police**  
**Division of Forensic Services**  
**Forensic Sciences Command**

**TCH Appendix 14**  
**Potential-Relative DNA Match Acknowledgement Form**

Laboratory Case Number: \_\_\_\_\_

Agency Case Number: \_\_\_\_\_

A potential-relative DNA match is when one DNA profile of a reference sample does not match a crime scene profile but there are a large number of genetic similarities between the two profiles. Based on the genetic similarities, there is a possibility that a close paternal relative may be the source of the crime scene sample. A close paternal relative may include a sibling or parent.

The strength of a potential-relative DNA match can be much weaker than a typical casework DNA match. In fact, the individuals involved in the potential-relative DNA match may not be related. Therefore, the information provided should be used for investigative purposes only.

By signing this form, you acknowledge that you and your agency are aware that:

1. This is a potential-relative DNA match.
2. The individual whose reference sample was compared to the crime scene sample is NOT the source of the crime scene sample.
3. The donors of these samples may be related.
4. The donors of these samples may NOT be related.
5. Privacy issues are associated with the release of this information.
6. Your agency is committed to further evaluation of the probative value of this lead.
7. Your agency will work with the laboratory to submit a reference sample from a potential perpetrator to the laboratory for DNA analysis.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Agency \_\_\_\_\_

---

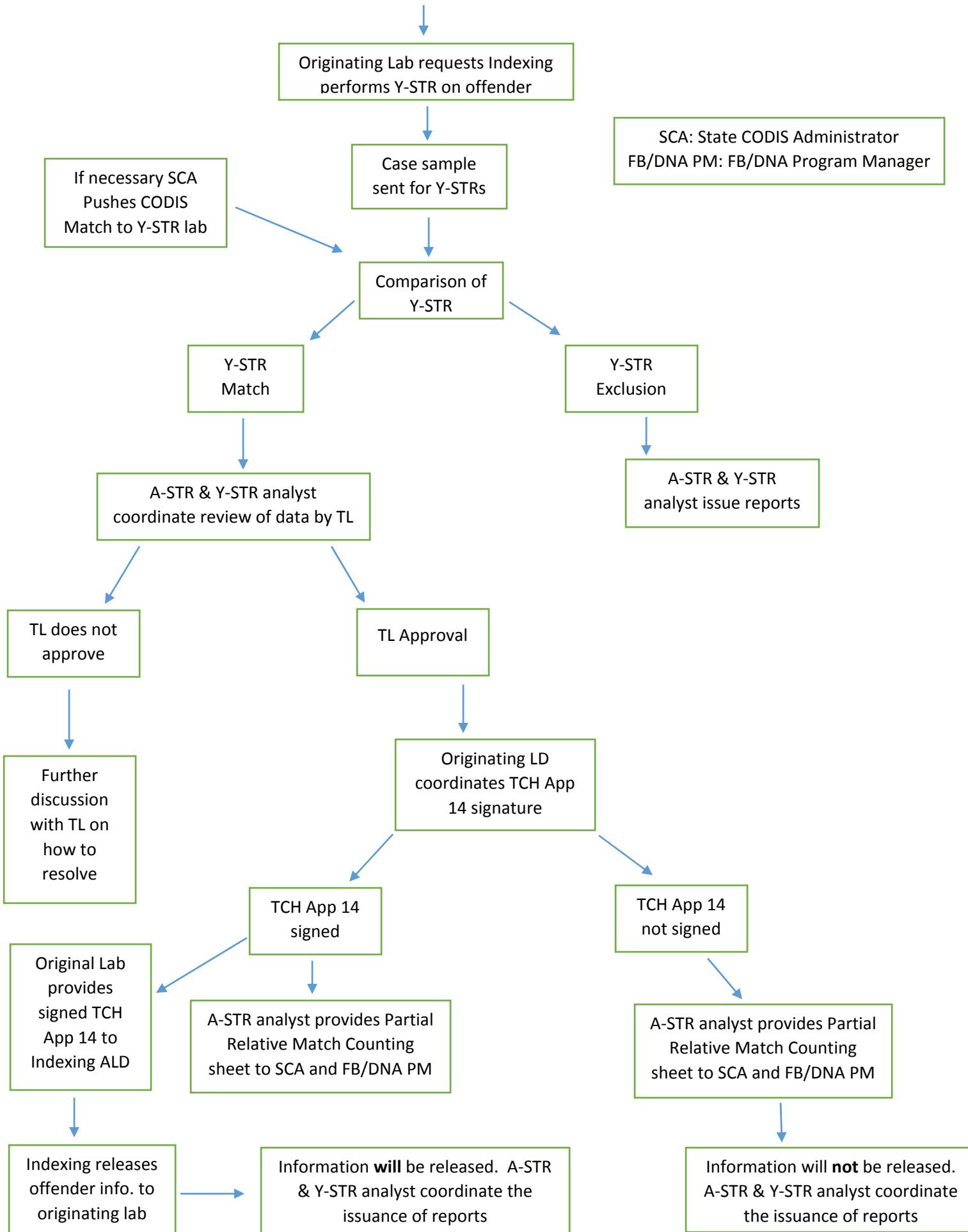
**Illinois State Police Use only**

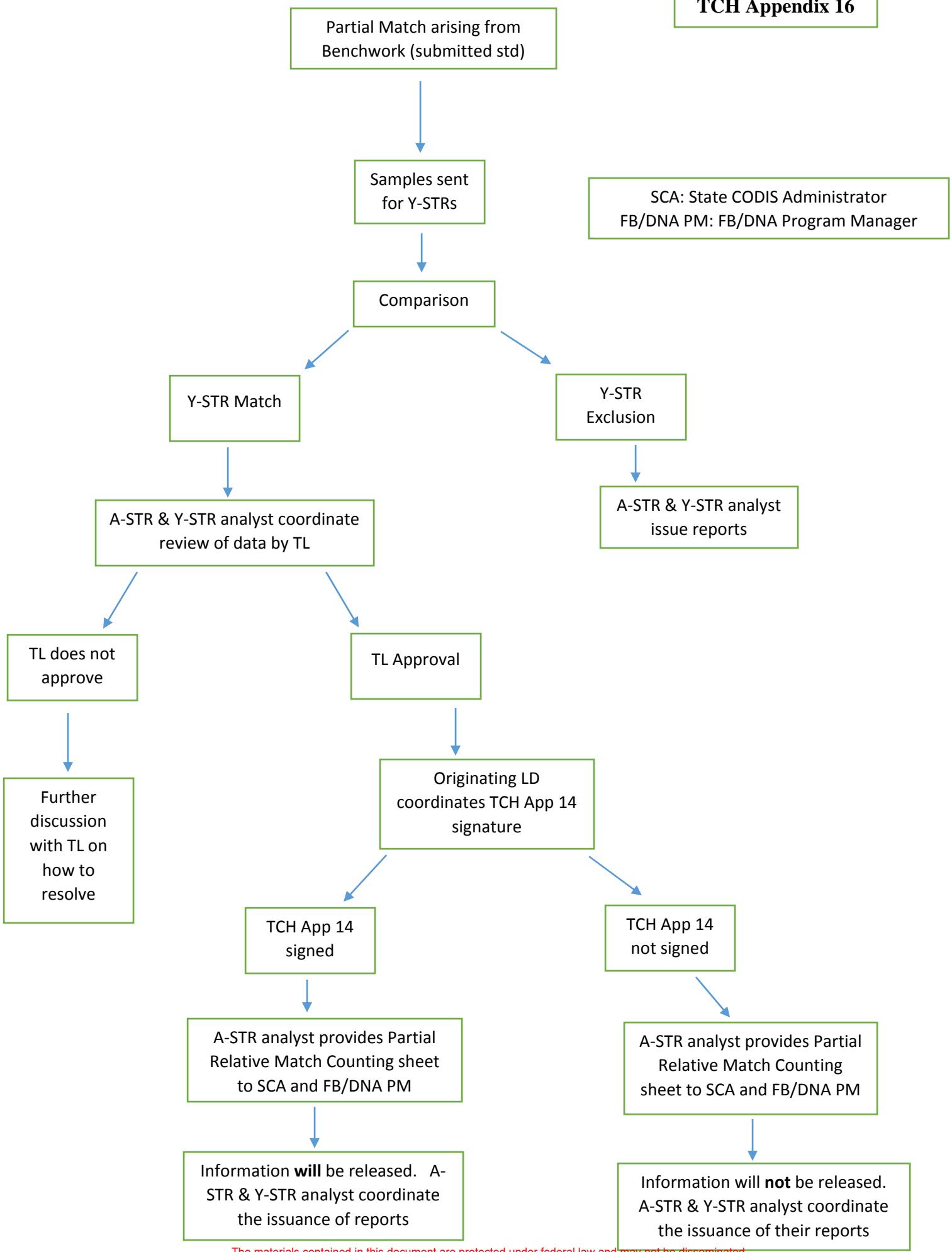
Technical Leader Signature \_\_\_\_\_

Date \_\_\_\_\_

Laboratory Director Signature \_\_\_\_\_

Date \_\_\_\_\_







**ILLINOIS STATE POLICE  
Division of Forensic Services  
Forensic Sciences Command**

**TCH Appendix 17**

**Request for a Printed Copy of DNA Profile  
Collected in Accordance with TCH 21**

**Instructions**

- 1. The requestor will complete the employee's portion of TCH Appendix 17 (see page 2) and email it to the State CODIS Administrator (SCA).
- 2. The SCA will print a copy of the requestor's DNA profile.
- 3. The SCA will confidentially mail or provide the printed copy of the requestor's DNA profile and a copy of the completed TCH Appendix 17 to the requestor.
- 4. The SCA will maintain the completed request form (original copy) and will document in the coded spreadsheet the date the requestor's profile was provided.

**ILLINOIS STATE POLICE  
Division of Forensic Services  
Forensic Sciences Command**

TCH Appendix 17

**REQUEST FOR A PRINTED COPY OF DNA PROFILE**

**TO BE COMPLETED BY THE REQUESTOR**

I formally request to be provided a printed copy of my DNA profile that is included in the staff database. I acknowledge that I understand it is my sole responsibility to maintain the confidentiality of the printed DNA profile that is being provided to me.

---

Printed Name of requestor

---

Signature of requestor

---

Date

---

-----

**TO BE COMPLETED BY THE STATE CODIS ADMINISTRATOR (SCA)**

---

Signature of SCA

---

Date printed profile was mailed to employee

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## Forensic Sciences Command



Date of Original Issue: 07/01/99	Policy: <b>TRN 1 - Training Performance Review Forms</b> Page 1 of 2
Date of Revised Issue: 08/27/25	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-25-05	

## I. POLICY

Each person completing a formalized training program provided by the Forensic Sciences Command will be required to complete an evaluation of training received. The person responsible for the training program is responsible for all performance evaluations during the training program, including a final evaluation before the trainee is released. The receiving Laboratory Director will complete a job performance review (TRN Appendix 1) for all newly released Forensic Scientists four months after final assignment to their respective laboratory.

## II. PROCEDURE

- II.A. Each Laboratory Director, or designee, will complete a job performance review form (TRN Appendix 1) four (4) months after the new employee arrives at the laboratory facility.
  - II.A.1. Four months after the employee has been released from training, the Training and Application (T/A) Laboratory Director will send a copy of the Job Performance Review (TRN Appendix 1) to the employee's operational Laboratory Director.
  - II.A.2. The operational Laboratory Director, or their designee, will complete the form and return it to the T/A Laboratory Director within two weeks. The T/A Laboratory Director will provide a copy to his/her Bureau Chief. The T/A Laboratory Director will also provide a copy of the review to the person responsible for the individual's training.
  - II.A.3. Each "Needs Improvement" or "Exceed Expectations" rating must be explained in the comment section.
  - II.A.4. The T/A Laboratory Director will discuss any "Needs Improvement" rating(s) with the person responsible for the individual's training, and together they will develop a plan to avoid future deficiencies in the area(s).
  - II.A.5. The T/A Laboratory Director will discuss any "Needs Improvement" rating(s) with the operational Laboratory Director to determine if corrective action is needed, if so, the nature of the corrective action. The T/A Laboratory Director will track any identified corrective action(s) and follow up to ensure they are completed.
- II.B. The T/A Laboratory Director will ensure each new student/trainee is aware of the "Evaluation of Trainer/Training Program" form (TRN Appendix 2) when initially assigned to a training facility.

- II.B.1. Students may submit an evaluation at their discretion during their training; however, a final evaluation is to be completed one month after arriving at the permanent laboratory of assignment.
- II.B.2. Students will be instructed that each rating must also be explained in the comment section.
- II.B.3. The form will be returned to the T/A Laboratory Director who will provide a copy to his/her Bureau Chief. The T/A Laboratory Director will share these forms with the Training Coordinator when appropriate.



## Forensic Sciences Command



Date of Original Issue: 07/01/99	Policy: <b>TRN 2 - Attendance at Out-of-State Training Opportunities and In-State Professional Meetings</b> Page 1 of 4
Date of Revised Issue: 07/20/23	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-23-02	

## I. POLICY

The Commander of the Forensic Sciences Command will have final Command responsibility for the approval of staff to attend out-of-state training opportunities, meetings, conferences, seminars, courses, and workshops.

All qualifying personnel who attend training as representatives of the Command must provide for the effective communication of knowledge learned to other Command staff members insofar as possible.

## II. DISCUSSION

- II.A. A high standard of professional quality cannot be maintained without a substantial financial commitment to on-going continual education programs. Continuing education is as critical to the assurance of quality as expensive equipment or laboratories; for, without quality staff possessing up-to-date knowledge, even the most well-equipped laboratory will fail to produce quality service.
- II.B. The Command must weigh the critical need for training against the available financial resources and maximize the training value of every dollar. The Command's goal is to support attendance by as many scientists as possible at essential training opportunities, providing they meet the foregoing requirements including eligibility, fiscal considerations, providing adequate service coverage during training, and sharing knowledge acquired from training.
- II.C. All Laboratory Directors are reminded that a proper balance must be maintained between supervisory personnel and technical staff attendance at out-of-state training opportunities and also that DNA training is a QAS requirement.

## III. PROCEDURE

- III.A. It will be the responsibility of the individual seeking approval to attend an out-of-state training opportunity to meet the minimum requirements for attendance, to be aware of the syllabus or agenda and to ensure all job-related contingencies will be adequately covered during his/her absence.
- III.B. Out-of-state travel requests (see TRN 3) prepared by the employee must justify why the training is essential to the employee and the Command and must indicate why it is necessary for him or her to attend in person whenever more than one Command employee is requesting approval to attend.
- III.C. For specific questions that need to be answered when completing the travel request refer to the Training Presentation (Travel Request-How To) located at:  
<https://isp.portal.illinois.gov/forensics/Fiscal/Forms/AllItems.aspx>

III.D. Examples of information needed in filling out travel requests include, but are not limited to, the following.

III.D.1. Purpose of Trip (Box 8, form-IL401-0109[10/80]

- III.D.1.a. To improve technical expertise in a particular specialty.
- III.D.1.b. To learn new or improved methods of analysis for implementation in the Command.
- III.D.1.c. To gain an awareness of the newest instruments and materials which will meet the Command's needs.
- III.D.1.d. To learn and exchange ideas, stimulate critical thinking, foster intellectual and professional growth, avoid stagnation, and improve quality and productivity.
- III.D.1.e. To acquire training unavailable within the state.
- III.D.1.f. To establish or improve essential contacts with outside experts, vendors, and other invaluable resources.
- III.D.1.g. To satisfy Command requirements for continuing education, training, and professional development prescribed in employee job descriptions and performance objectives.
- III.D.1.h. To improve employee's qualifications to testify as an expert witness.
- III.D.1.i. To master a technical skill which cannot be acquired without on-site, hands-on training.

III.D.2. Anticipated Results of Travel (Box 9)

- III.D.2.a. Learn state-of-the-art scientific techniques which can improve the quality and productivity of forensic services.
- III.D.2.b. Become familiar with new equipment, materials, analytical kits, etc., which can improve accuracy, sensitivity, or speed of forensic analysis.
- III.D.2.c. Improve existing analytical skill levels through the advantages afforded by on-site, hands-on training.
- III.D.2.d. Broaden awareness of any limitations or potential pitfalls of existing or new forensic analytical procedures used or being considered by the Command.
- III.D.2.e. Identify strengths and weaknesses of overall Command practices and programs by comparison with other laboratories.
- III.D.2.f. Assess one's own capabilities by comparison with other forensic science practitioners.
- III.D.2.g. Provide a broader range of service to user agencies by knowing the availability of the expertise of personnel from other systems for cases which are beyond our ability or for additional consultation.

- III.D.2.h. Experience enrichment from exchange of ideas and methodologies with other scientists.
- III.D.2.i. Successfully troubleshoot a technical problem which otherwise might not have been discovered or resolved.
- III.D.2.j. Future collaboration with other laboratories for validation studies, training, or other beneficial activity.
- III.D.2.k. Increase the employee's qualifications to testify as an expert witness.

III.D.3. **NOTE:** Sections III.D.1. and III.D.2. are examples but they must be supplemented by specifics. For instance, purpose of trip is, "To improve technical expertise in a particular specialty." This statement, which may be accurate, is broad in nature and therefore additional clarification would be necessary, e.g., what is the specialty, what specific subjects/techniques will be discussed, and then under the "expected results of travel," how will this information specifically help the employee and the Command in delivering quality service. In many instances, it may be necessary to add an additional page to the out-of-state travel request and a copy of the agenda.

III.E. It will be the responsibility of the Laboratory Director to ensure that funds are available within the cost center, or Command's cost centers, to cover expenses and to ensure that the training of the employee is essential to maintain or improve the overall quality of forensic services provided by the Command.

- III.E.1. It will also be the responsibility of the Laboratory Director to ensure that the attendance by one or more of his/her staff will not adversely affect the service capability of his/her laboratory.
- III.E.2. If a laboratory does not have sufficient funds to pay for an employee's training expenses but the Laboratory Director feels the training is essential, then the appropriate Bureau Chief should be contacted. A decision will then be made on the value of the training, why funds are not available, and if necessary, whether funds can be obtained from other sources.

III.F. For employees requesting administrative leave but volunteering to pay their own expenses to attend a training/meeting function, approval is not automatic but must satisfy the requirements enumerated in III.A. through III.D. and III.J.

III.G. At the discretion of the Laboratory Director, the employee who attends an extended training function (one to two weeks) may be required to brief the appropriate Training Coordinator(s) on the material presented. This briefing may also be initiated by either the employee or the Training Coordinator(s).

III.H. Employees who attend any training or meeting event which requires the expenditure of state funds will be required to submit a summary of the event (Travel Report) to their Laboratory Director and certify that they attended as many sessions as possible. Individuals attending functions such as MAFS will be expected to attend sessions involving other specialties if there are no sessions in their specialty areas. As forensic scientists, employees should constantly seek to broaden their perspective and not be interested only in their area of expertise. Employees who attend the same training/meeting may submit a joint summary report.

- III.H.1. Depending on the purpose of the travel, an additional memorandum of recommendations may be required. Recommendations will be forwarded as a separate memorandum and will be sent through chain of command. Upon approval for travel, the traveler(s) will be informed by Command if a recommendation memo will be required.
- III.I. Training/meeting opportunities that are within the state must follow current departmental procedures for approval. All other provisions of this Command Directive are still applicable. In addition, provisions of any in-state travel regulations established by the Office of the Governor must be followed.
- III.J. Several factors must be considered when determining the maximum number of individuals to attend any single training or meeting opportunity, thus making it difficult to legislate. Some of these considerations are:
  - III.J.1. Is the training of an objective, hands-on nature which requires the individual to learn certain procedures, or is it of a lecture nature in which knowledge is being shared and the listener can take notes and/or record the information? Obviously, the latter category would require fewer individuals to attend in order to share the information with others in a particular laboratory.
  - III.J.2. Are there sufficient funds available for the training/meeting and can the laboratory still meet any future court costs, Command requirements and contingencies that may arise during the year?
  - III.J.3. Has the individual, over the preceding 12 months, performed at a level which maximizes quality work, productivity, a cooperative attitude, and a service philosophy?
  - III.J.4. Has the backlog within the specific laboratory section been managed appropriately or is it larger than should be expected based upon staffing and cases received?
  - III.J.5. Will the attendance at a training or meeting session require a scheduled court date to be continued or another Command requirement to be delayed?
  - III.J.6. Is the individual a quality review coordinator and thus entitled to special consideration over others?
  - III.J.7. Is the individual scheduled to be a trainer at the session or an officer of a particular organization whose attendance is important?



Date of Original Issue: 06/01/98	Policy: <b>TRN 3 - Travel Requests/Vouchers</b> Page 1 of 3
Date of Revised Issue: 08/15/23	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-23-03	

## I. POLICY

Each laboratory will be responsible for preparing a Request for Travel form (IL 401-0109) in final form. This policy will allow for the submission of an error free document to be submitted to the Division Office and if needed to the Director's Office well in advance of the travel date. Refer to Illinois State Police (ISP) Policy ADM-12, Travel Regulations.

## II. PROCEDURE

### II.A. TRAVEL REQUESTS

All travel requests must be submitted in correct final form and include accurate information (e.g., cost center, departure, and arrival times, etc.). Costs should also reflect applicable rates at the time of submission for the following:

1. Air Fare including any additional fees.
2. Hotel Costs (to include tax and any additional fees including parking).
3. Per Diem quarters to be paid.
4. Miscellaneous costs (e.g., taxi/uber, etc. all to include tax, if applicable).
5. Conference Fees to be included; however, vouchered separately (see III.B.6).

If more than one employee from the same laboratory is attending the meeting, a Request for Travel form must be completed for each individual and the costs should be the same or an explanation provided of the differences.

### II.B. Completion of the Request for Travel form (IL 401-0109) – include accurate, detailed, and explicit information.

II.B.1. See FSC Fiscal documents for Travel Guidelines, current forms, etc.  
<https://isp.portal.illinois.gov/forensics/Fiscal/Forms/AllItems.aspx>

Some additional guidelines include the following:

II.B.2. Box 8 - A brief statement of the trip purpose. Include any courses/seminars you will be attending.\* If applicable, state reasons why it is important to attend the requested event. (e.g., committee member, making a presentation, etc.).

\*Include the exact dates/times of any courses/seminars you will be attending and attach any printed agendas and/or documents pertaining to the workshops and/or classes attending.

II.B.3. Box 10 - Costs should be projected as accurately as possible without underestimating the costs. Other requirements:

- II.B.3.a Lodging/Hotel Costs: Total cost should include any taxes and/or additional fees. This will be divided by the number of days at the hotel. Also, note here if sharing a room with another attendee.
- II.B.3.b. Miscellaneous: Cost should include any additional taxes/fees. Provide a detailed explanation for what this ‘Miscellaneous’ cost is specifically for, e.g., Uber/Taxi, needed for one-way/round trip, parking fee, etc.
- II.B.3.c. Car rental for out-of-state travel requires prior approval from the Commander. This approval must be indicated on the Request for Travel form.  
Note: A rental car can now be used for in-state travel if “Most economical means available.” See ADM 7 for more information.
- II.B.3.d. Vendor: When expenses are being paid in total or in part by another organization or individual, it is required to indicate who is paying the expenses, e.g., Expenses paid by employee; Expenses to be paid by the FBI Academy.
- II.B.3.e. Conference Fees: Registration, workshop, or tuition fees must be included, but will be voucherized separately (see III.B.6.).

**Note: Consult CMS Travel Guide regarding mileage, lodging, per diem/meals, etc.**  
<https://cms.illinois.gov/employees/travel.html>

- II.B.4. Box 11 and 12 - Arrival and departure dates and times must be consistent with other attendees if there are multiple employees requesting to attend the same event and/or conference. An explanation may be requested delineating the difference in times if necessary.
- II.C. For travel requests to attend either an Illinois or non-Illinois based conference seminars where the total travel expenses (include lodging, travel, etc.) exceed \$5,000.00 as a group, or if individual travel expenses exceed \$1,000, the following additional information must be submitted through chain of command for approval:
  - II.C.1. Number of people attending.
  - II.C.2. Estimated total expenses of the group.
  - II.C.3. Location of conference/seminar.
  - II.C.4. Purpose and copy of itinerary, agenda, or program.
- II.D. Requests must be at Command Headquarters sixty (60) days in advance of the travel date. When four or more employees are requesting to travel to the same event, the requests must be at Command Headquarters seventy-five (75) days in advance of the travel date. Any in-state travel requests will need to be submitted fourteen (14) days in advance of the travel date. Any travel request(s) not received in the specified time frames will require a written explanation as to why the requested time frame was not met.
- II.E. Until final approval and documentation has been received from the Division Office, the following should not occur:
  - II.E.1. Purchase of an airline ticket (unless it is refundable).
  - II.E.2. Registration fees paid (unless they are refundable).
  - II.E.3. Traveler departs for destination (unless traveler has and is willing to use own appropriate benefit time, if travel on state time is not approved).
- II.F. If an amendment is necessary, notify your Bureau Chief with specific details and justifications.
- II.G. This policy applies to either state agency or private sector sponsored training, conferences, or seminars.

### III. TRAVEL VOUCHERS

A travel voucher must be completed when requesting reimbursement of approved travel expenses and final document must comply with all ISP requirements.

III.A. Utilize the following resources before preparing the travel voucher for current guidelines/forms:

III.A.1. Reference FSC Fiscal documents for Travel Voucher forms, guidelines, etc.  
<https://isp.portal.illinois.gov/forensics/Fiscal/Forms/AllItems.aspx>

III.A.2. References for preparing a voucher

- a. Illinois State Police (ISP) Directive, ADM-114, Voucher Processing Standards
- b. Travel Voucher Manual (ISP Document Library)  
Search: Manual for Preparing Travel Voucher C-10  
<https://isp.portal.illinois.gov/generalinfo/Lists/Document%20Library/Attachments/884/1-277%208-21.pdf>

III.A.3. Voucher Form C-10 (MUST use most current form/voucher):

- a. Office of the Comptroller's website  
<https://illinoiscomptroller.gov/agencies/resource-library/accounting-forms/C-10-travel-voucher1/>
- b. ISP Intranet (Document Library)  
Note: The Document Library can be reached by searching the Division of Forensic Services Home Page (see "Useful Links" at bottom right). The Voucher Form C-10 on this site is supposed to be the most current; however, it is not always revised on a timely basis. If you do a search and this site is not current (e.g., mileage inaccurate, etc.), go to the FSC Homepage and locate our most current form saved as "Travel Voucher Shell" (see following link).  
<https://isp.portal.illinois.gov/forensics/Fiscal/Forms/AllItems.aspx>

III.B Some important guidelines when completing a travel voucher for submission include the following:

- III.B.1. The voucher must be completed within 30 days of date returned.
- III.B.2. Travel voucher must not exceed the amount approved on the travel request (see II.F.)
- III.B.3. Verify mandatory information is documented (e.g., voucher #, footnotes, etc.).
- III.B.4. Check that calculations are correct and that there are no typographical errors.
- III.B.5. All required supporting documents are included (e.g., hotel invoice, parking, etc.).
- III.B.6. Conference/Registration fees and workshops are to be paid out of Contractual Services and should be vouchered separately. These fees are not to be included on the Travel Voucher requesting reimbursement of travel expenses.

III.C. For all Command approved travel, forward the final draft of the voucher to the Command Administrative Assistant, or designee, to complete a review to ensure the voucher is current and accurate before forwarding for reimbursement. Upon completion of the review, the voucher will be returned for revisions or with approval to submit for payment.



Date of Original Issue: 07/01/99	Policy: <b>TRN 4 - Performance Reviews of Personnel in Training</b> Page 1 of 1
Date of Revised Issue: 12/20/19	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-19-10	

## I. POLICY

The Forensic Sciences Command will prepare periodic reviews of personnel in training.

## II. PROCEDURE

- II.A. Initial Training: Reviews are to be accomplished on a monthly basis for the first six (6) months, thereafter, every three (3) months until release from training. Anytime a person in training is experiencing difficulties, monthly reviews will be required.
- II.B. Personnel who are transferred in a trainee/training status to a laboratory will continue to have reviews prepared by the Laboratory Director, or designee, with a copy forwarded to the training coordinator until released from training.
- II.C. Cross Training: Reviews will be accomplished on a periodic basis depending on the program. Interim reviews will be conducted as deemed necessary.
- II.D. An interim performance review also may be required if personnel in training fail a tested area.



## Forensic Sciences Command

Date of Original Issue: 10/01/96	Policy: <b>TRN 5 - Co-Signing of Laboratory Reports Generated by Personnel in Training</b> Page 1 of 1
Date of Revised Issue: 11/16/23	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-23-06	

## I. POLICY

All analytical reports by personnel in training will be co-signed by the training coordinator or designated facilitator.

## II. PROCEDURE

- I.I.A. All reports generated by personnel in training will be co-signed. This requirement pertains to all personnel working cases while under the supervision of the Training and Applications Laboratory such as personnel undergoing initial training in an area of expertise, individuals participating in cross training/distributive training programs, and individuals hired who previously completed a forensic science training program. Co-signatures will imply that the trainer is equally responsible for the analytical results of the person in training.
- I.I.B. Personnel who have been transferred to their laboratory of assignment while in a training status will have their reports co-signed by the designated facilitator or trainer until promotion from the forensic scientist trainee title or release from training for all other titles.
- I.I.C. Personnel in training whose reports are being co-signed must have documented authorization to perform the specific casework tasks prior to supervised casework..



## Forensic Sciences Command



Date of Original Issue: 10/01/96	Policy: <b>TRN 8 - Training Manuals</b> Page 1 of 3
Date of Revised Issue: 03/14/24	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-24-03	

## I. PURPOSE

Quality training requires a comprehensive training manual which provides both theoretical and practical information to students within a forensic specialty. A training manual defines the scope of the instruction, establishes the lesson plan, and states the criteria for successful completion. As such, a training manual not only outlines a detailed course of instruction but should also serve as a reliable resource for understanding laboratory protocols and methods within the particular specialty. Therefore, a training manual serves as a complement to a corresponding procedures manual to form a unit for effective and productive casework. The Forensic Sciences Command training manuals serve:

- I.A. To ensure all Forensic Sciences Command analysts receive quality training.
- I.B. To design and develop a formal training course by which an individual will be trained to make qualified judgements in the interpretation of analytical results.
- I.C. To enable maximum consistency in training throughout the command regardless of the training location.
- I.D. To establish the criteria for the certification of initial competency within a specialty area.
- I.E. To complement procedures manuals as a standard laboratory reference by providing the protocols and methods for effective analysis.

## II. DEFINITIONS

- II.A. Training Manual - Each Training Program will have an officially approved training manual. Each Training Manual will delineate all modules necessary to successfully complete the Training Program. All modules in the Training Manual will have defined and measurable objectives.
- II. B. Modular Checklist - Each Training Coordinator will maintain a modular checklist of the modules in a specific Training Program. The date when each module is completed during a Training Program will be listed on the checklist. At the completion of training, the completed modular checklist will be forwarded to the Director of Training along with a memorandum stating the individual successfully completed the Training Program.

## III. POLICY

- III.A. A written outline, lesson plan or manual which describes the course of instruction is required for all training conducted by the Command.
- III.B. Prior to implementation of any training, all training outlines, plans or programs must be reviewed and approved by the Director of Training. Although there may be differences in the complete course provided by different instructors, there will be only one approved Training Program for each specialty area.
- III.C. In order to remain viable, Training Programs/Manuals require constant review and revision to ensure that protocols and methods reflect the current state of casework analysis and to include instruction concerning new procedures as they are approved.
- III.D. Minor revisions or alterations, such as the addition of new references, required readings, and adjustments to changes in procedure, will be the responsibility of the Training Coordinator for that specialty. For sections with more than one Training Coordinator, all must approve the changes to the manual.
- III.E. Major modifications to a Training Programs/Manuals which alter the scope, content or length of training, section standards and controls, interpretation of results, or any other fundamental aspect of the training program, must be approved by the Director of Training prior to implementation. Major modifications to the DNA Training Programs/Manuals must also be approved by the DNA Technical Leader(s).
- III.F. Each of the Command's Training Programs will emphasize the instruction of the skills and knowledge required to achieve the minimum standards of competency, and, if applicable accepted laboratory practice within each specialty area of analysis. In addition, the initial training is designed to provide the analyst with the ability to interpret results and make reliable decisions.
- III.G. Initial training will also include the non-technical components essential to the position of forensic scientist within the Command.
- III.H. On occasion, it is in the best interest of the Command to have initial training at multiple sites, either as residency or distributive training. The Director of Training will exercise an oversight responsibility for all such training and will ensure that consistency is maintained among the Training Programs, regardless of location.

## IV. ELEMENTS OF INITIAL TRAINING

- IV.A. Quality training must provide certain essential elements. All initial training within the Command will contain the following elements as part of each training specialty:
  - IV.A.1 Introduction: To include expectations, orientation, security, evidence handling, overview of the criminal justice system, ethics, and mandatory safety instruction.
  - IV.A.2 General Laboratory Procedures: To include instruction in fundamental laboratory techniques (e.g., gas chromatography, electrophoresis, etc.), as well as basic laboratory manipulations (e.g. pipetting, weighing, etc.) which are used in a broad range of scientific applications. Instructors will also include instrument maintenance and trouble-shooting, procedural sources of error and limitations of each technique used.
  - IV.A.3. Protocols and Methods: To include teaching the student how to evaluate the problem or evidence, how to formulate case questions, how to select the best methods to answer the case questions and how to determine when a modification or additional steps to the routine methods are necessary.

- IV.A.4. Background and Historical Information: To include the theory, evolution, validation, and general references for technical procedures used in the specialty area.
- IV.A.5. Technical Procedures: To include explanations of each step required within a specific procedure or method. Instruction will include how and why a procedure works, associated instrumental maintenance and trouble-shooting, sources of error, and the relationship between procedures.
- IV.A.6. Interpretation of Results: To include assessment of the reliability of results, why a procedure worked, why it didn't work, what is enough and what is not enough, and explainable difference versus unexplainable discrepancy.
- IV.A.7 Casename Approach: To include instruction on use of the current Laboratory Information Management System to access evidence items, capture notes, fill in panels and matrices, and generate note packets and reports.
- IV.A.8 Courtroom Demeanor: To provide instruction on how to be an effective witness.
- IV.A.9. Criteria for Competency: To include minimum practical and academic requirements for each functional area of training as well as certification requirements for initial competency and supervised casework.



## Forensic Sciences Command



Date of Original Issue: 09/15/98	Policy: <b>TRN 9 - Cross-Training/Distributive Training Criteria</b> Page 1 of 4
Date of Revised Issue: 03/14/24	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-24-03	

## I. PURPOSE

The purpose of this directive is to establish guidelines for a laboratory director who is requesting cross-training of a forensic scientist in another forensic discipline. The directive is designed for all parties participating in the cross-training program to delineate individual commitments and the requirements of the program. Forensic Sciences Command headquarters supports cross-training when such training is of benefit to the command as well as the forensic scientist. Cross-training is subject to the provisions of the AFSCME contract RC-62, Article XIX, Filling of Vacancies.

## II. Policy - General

- II.A. A scientist will only be considered for being trained in another discipline when a period of five years since the completion of his or her initial training has transpired, and it is in keeping with agency needs.
- II.B. The command academic criteria for individuals requesting cross-training will be in effect for this program. See Command Directive TRN 11.
- II.C. In order to meet accreditation documentation requirements, the command prescribed training file will be maintained by the Statewide Training Program during, and after the completion of, training.

## III. Policy - In-house Training (Delivered by other than Statewide Training personnel)

- III.A. Training must be accomplished using the command approved training manual for the appropriate subject area.
- III.B. Any necessary discipline or performance evaluations will be the responsibility of the laboratory director.
- III.C. The laboratory director will forward monthly program status reports to his/her bureau chief, with a carbon copy to the director of training for inclusion in the monthly training report to Command.
- III.D. The laboratory director will be responsible for ensuring casework needs continue to be met at his/her laboratory should he/she decide to use in-house staff for training purposes.

IV. Policy - Training Delivered by the Statewide Training Program

- IV.A. Any necessary discipline or performance evaluations will be the responsibility of the training coordinator.
- IV.B. The training coordinator will provide progress reports to the laboratory director and the statewide director of training. The statewide director of training will include these progress reports in his/her monthly training report to command.

V. Procedure - General

- V.A. After determining a need for cross-training, the laboratory director will submit a request for such training to his/her bureau chief. The request will specify if the training will be conducted utilizing in-house resources or a Statewide Training Program Training Coordinator. The bureau chief will review the request; if he or she agrees with the request, it will be forwarded to the commander for final approval.
- V.B. As the cross-training process is an operations issue, the statewide director of training will not be involved in the approval process.

VI. Procedure - In-House Training

- VI.A. The laboratory director will develop a program in cooperation with the statewide director of training. The laboratory director will then submit an informational memorandum to his/her bureau chief.
- VI.B. The laboratory director will be responsible for administering diagnostic quizzes and tests. The appropriate training coordinator will be responsible for providing and grading prescribed quizzes, written competency tests, and practical competency tests, and will set deadlines for their completion. At the conclusion of training, each participant must take the following in order to be certified in the area trained:
  - VI.B.1. Final written competency examination.
  - VI.B.2. Final practical competency examination.
  - VI.B.3. Oral board and/or mock trial
- VI.C. The statewide director of training will be responsible for coordinating VI.B.1. through VI.B.3. Training coordinators will not have any other direct responsibility for the training.
- VI.D. The laboratory director will be responsible for making the final recommendation for release from training by certifying to the statewide director of training, via memorandum, that all modules have been completed. A module completion checklist shall accompany the memorandum. The recommendation for release from training, the module completion checklist, and the completion certificate will be added to the employee's online training file.

VII. Procedure - Training Delivered by the Statewide Training Program

- VII.A. The training coordinator will be responsible for providing, administering, and grading diagnostic quizzes and tests.

VII.B. The training coordinator will be responsible for making the final recommendation for release from training by certifying to the statewide director of training, via memorandum, that all modules have been completed. A module completion checklist shall accompany the memorandum. The recommendation for release from training, the module completion checklist, and the completion certificate will be added to the employee's online training file.

■ VIII. Training Program

The training will consist of the complete training program, covering all modules, including written and practical quizzes and tests. An individual may demonstrate competency in a training module by successfully completing all required written and practical quizzes and tests. In this instance, the individual will not need to complete the remainder of the requirements for successful completion of the module.

IX. Training Demeanor

Individuals in a cross-training program must conduct themselves as professionals and realize that they may be interfacing with new trainees. The proper training environment is essential for instilling the proper attitude/philosophy to new trainees. If there is interaction with new trainees, the interaction will be evaluated and made part of the performance appraisal.

X. Management Responsibility

X.A. When an employee who is supervised by Supervisor "A" is assigned temporarily to Supervisor "B" for training, there are different personnel actions that are required by each supervisor.

X.A.1. Supervisor "A" remains the person's immediate supervisor and as such is responsible for many personnel actions. The one main exception is that Supervisor "B" has the final say on any training issues and is the one to make training assignments and deadlines.

X.A.2. Supervisor "A" is responsible for doing the performance evaluations and signing the evaluations. Supervisor "A" will need significant input from Supervisor "B." The actual meeting to conduct the performance evaluation with the employee will be done with both supervisors present, whenever possible, to discuss the employee's performance.

X.A.3. After the evaluation has been signed by Supervisor "A," it will be processed through Supervisor "A's" chain of command with a copy to Supervisor "B."

X.A.4. Time off requests must be approved by both supervisors since both need to be informed of the employee's whereabouts.

X.A.5. A Personnel Action Request will be signed by Supervisor "A."

X.A.6. Any discipline issues must follow Supervisor "A's" chain of command.

XI. Financial Costs

The laboratory requesting the cross-training will bear the cost of commodities, etc.

XII. Time Commitment

- XII.A. The cross-training program is a full-time program. A person requesting cross-training must agree to commit sufficient time to the program which may include study outside assigned work hours.
- XII.B. The laboratory requesting the training must also realize that the person in cross-training is permanently lost from the operational laboratory while in training.
- XII.C. The person in cross-training will work the hours of the training coordinator.
- XII.D. Court commitments must be honored as they occur.
- XII.E. The individual assigned to cross-training will not be permitted to conduct routine, non-supervised casework (for which he/she was previously qualified to perform) on a compensatory time or paid overtime basis. The laboratory director may grant an exception to this for a specific, limited reason, but there must be no negative impacts to the training program.



## Forensic Sciences Command



Date of Original Issue: 03/01/99	Policy: <b>TRN 10 - Academic Criteria for Successful Completion of a Forensic Sciences Command Formal Training Program (for Initial Training)</b> Page 1 of 4
Date of Revised Issue: 03/14/24	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-24-03	

## I. PURPOSE

- To provide established guidelines which delineate the academic requirements that must be met for new employees, with little to no knowledge in the subject matter for which they were hired, to complete an initial, formal training program.

## II. DEFINITIONS

- II.A. Quizzes: In this level of assessment, the individual must demonstrate proficiency and/or knowledge (written or technical) in portions of the body of knowledge (module). The intent is that the individual proves his/her mastery of the subject matter independent of any outside assistance. The individual has the responsibility to perform and achieve a minimum predetermined standard. Unless otherwise noted, this standard will be 80% for written quizzes and 100% for practical quizzes.
- II.B. Competency Tests: In this level of assessment, the individual must ultimately demonstrate proficiency and/or knowledge (written or technical proficiency) of an entire body of knowledge (module). The intent is that the individual proves his/her mastery of the subject matter independent of any outside assistance. The individual has the responsibility to perform and achieve a minimum predetermined standard. Unless otherwise noted, this standard will be 80% for written competency tests and 100% for practical competency tests, oral boards, and mock trials.
- II.C. Make-up Quiz/Test: If a quiz or test is failed, a make-up will be given except as indicated in III.C.1. and III.C.2. The make-up quiz/test will cover the same body of material as the previously failed quiz/test and represents a second opportunity for the individual to demonstrate mastery of that subject matter. The passing score remains 80% for written quizzes/competency tests and 100% for practical quizzes/competency tests/oral boards/mock trials.
- II.D. Academic Misconduct: Actions taken on the part of an individual in training that subvert the ability of the Training Coordinator to properly assess the performance of that individual. Examples may include, but are not limited to, plagiarism; presenting work not performed as their own; inappropriate/unauthorized use of training materials or reference during a test/quiz; and consulting someone other than the Training Coordinator (or designee) on a test/quiz. Founded allegations of academic misconduct will minimally result in a failing grade on the assignment and may result in discipline up to and including dismissal.

## III. POLICY

III.A. Quizzes are designed to test an individual's understanding in portions of a body of knowledge in advances of a test covering the entire training module.

III.A.1 Repeated failure to successfully pass quizzes may indicate the individual is unable or unwilling to learn the material necessary to demonstrate mastery of that portion of the module or is unable to learn new material, in general. As the material is presented in a building block fashion, continual failure of quizzes puts the individual behind in the program, affects other trainees and puts undue burden on the instructor who must keep all of the individuals moving forward to complete the training goal.

III.A.2 Evaluation criteria and required managerial actions in the event an individual fails a quiz.

<u>Testing Category</u>	<u>Action</u>	<u>Performance Evaluation</u>
Quiz Failed (Specific subject area)	Documented counseling by trainer	No
Make-up quiz failed (Same subject area)	Written reprimand	Yes, within 3 days
Second make-up quiz failed (Same subject area)	Dismissal	No
<hr/>		
Quiz failed (New subject area – represents second quiz failed during training program)	Oral reprimand	Yes, within 3 days
Make-up quiz failed (Of this new subject area)	Written reprimand	Yes, within 3 days
Second make-up quiz failed (Of this new subject area)	Dismissal	No
<hr/>		
Another quiz failed (New subject area different from the two quizzed areas above)	Written reprimand	Yes, within 3 days
Make-up quiz failed (Of this additional subject area)	Dismissal	No

III.B. Competency tests are designed to test the individual's ability to demonstrate mastery of an entire body of knowledge (module).

III.B.1 The failure of the individual to pass a competency test successfully the first time may indicate the individual is unable to prepare for a major test or has other identified or unidentified difficulties.

III.B.2. The continual failure of major tests indicates the individual is not taking training seriously or does not have the ability to master material in order to successfully complete a module necessary to be successful in a discipline. The individual needs to be dismissed at this time before the training of others is seriously affected and to avoid an undue burden on the training coordinator.

III.B.3 Evaluation criteria and required managerial actions in the event an individual fails a tested area:

<u>Testing Category</u>	<u>Action</u>	<u>Performance Evaluation</u>
Competency test failed	Written reprimand	Yes, within 3 days
Make-up competency test failed	Dismissal	No
<hr/>		
Competency test failed (Different subject matter than above)	Written reprimand	Yes, within 3 days
Make-up test of this competency test failed	Dismissal	No

III.C. Other combinations in which the individual fails to successfully progress through the training program will include, but not necessarily be limited to, the following situations:

III.C.1. Four quiz failures during the training program will result in dismissal.

III.C.2. Three competency test failures during the training program will result in dismissal.

III.C.3. Continued failure to meet assigned objectives regardless of failed quizzes/tests, resulting in falling significantly behind in the training group.

III.D. The above applies to the entire training program which can last from 12-36 months. Additionally, no competency tests/quizzes/oral boards/mock trials covering new subject material will be given to an individual until such time as the individual has successfully passed make-up competency tests/oral boards/mock trials/ quizzes on previous failed subject material.

III.E. Promotions: Because training/learning is cumulative, failure to pass quiz(es)/competency test(s)/oral boards/mock trials may result in not being promoted as scheduled. Thus, if an individual has not successfully passed a makeup quiz/test/oral board/mock trial at the time in which a recommendation must be submitted to the department, he/she may be dismissed.

## IV. PROCESS

Should the above training failure consequences need to be utilized, the following process will be used. This policy serves as Command/Division approval to proceed through execution of the discipline.

IV.A. For quiz/test failures that may result in dismissal or any other infraction that may result in a written reprimand or above, including but not limited to allegations of academic misconduct, the following workflow will be followed:

IV.A.1. The Laboratory Director (LD) of the Training and Application Laboratory, or designee, should complete the Division of Internal Investigations (DII) "Checklist Initiation Report (CIR)" (ISP 3-034) and submit via e-mail to ISP.DIICasemanager@illinois.gov.

IV.A.2. DII will respond in one of two ways:

IV.A.2.a. DII may respond by assigning a tracking number and referring the case back to Division of Forensic Services for investigation. The LD of the Training and Applications Laboratory, or designee, will generally be assigned to complete the investigation. Every effort should be made to complete the investigation in a thorough and timely manner.

IV.A.2.b. DII may respond by assigning the investigation to a Special Agent to complete. Training and Applications Laboratory staff may be contacted to arrange scheduling or witness interviews, if needed. Every effort should be made to assist in the timely completion of the investigation.

IV.A.3 Upon completion of the investigation, the appropriate disciplinary process will be completed with a copy of the discipline administered being forwarded through chain to complete the process. The disciplinary process should be expedited, where possible, in order to reduce any negative effects on training timelines.

IV.B. When a quiz/test failure requires a written reprimand, Training and Applications Laboratory staff will follow the workflow outlined in the Training Operations Manual (TOM).



## Forensic Sciences Command



Date of Original Issue: 03/01/99	Policy: <b>TRN 11 - Academic Criteria for Successful Completion of a Forensic Sciences Command Formal Training Program (for Cross-Training)</b> Page 1 of 5
Date of Revised Issue: 08/27/25	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-25-05	

## I. PURPOSE

This directive establishes guidelines which delineate the academic requirements that must be met for an individual to complete a formal training program when that individual has previously completed a forensic science training program in one discipline and is cross-training to a different discipline or in additional/replacement techniques within his/her own discipline.

## II. DEFINITIONS

- II.A. Quizzes: In this level of assessment, the individual must demonstrate proficiency and/or knowledge (written or technical) in portions of the body of knowledge (module). The intent is that the individual proves his/her mastery of the subject matter independent of any outside assistance. The individual has the responsibility to perform and achieve a minimum predetermined standard. Unless otherwise noted, this standard will be 80% for written quizzes and 100% for practical quizzes.
- II.B. Competency Tests: In this level of assessment, the individual must ultimately demonstrate proficiency and/or knowledge (written or technical proficiency) of an entire body of knowledge (module). The intent is that the individual proves his/her mastery of the subject matter, independent of any outside assistance. The individual has the responsibility to perform and achieve a minimal predetermined standard. Unless otherwise noted, this standard will be 80% for written competency tests and 100% for practical competency tests, oral boards, and mock trials.
- II.C. Make-up Quiz/Test: Except as indicated in III.G, if a quiz or competency test is failed, a make-up will be given. The make-up quiz/test will cover the same body of material as the previously failed quiz/test and represents a second opportunity for the individual to demonstrate mastery of that subject matter. The passing score remains 80% for written quizzes/competency tests and 100% for practical quizzes/competency tests/oral boards/mock trials.
- II.D. Academic Misconduct: Actions taken on the part of an individual in training that subvert the ability of the Training Coordinator to properly assess the performance of that individual. Examples may include, but are not limited to, plagiarism; presenting work not performed as their own; inappropriate/unauthorized use of training materials or reference during a test/quiz; and consulting someone other than the Training Coordinator (or designee) on a test/quiz. Founded allegations of academic misconduct will minimally result in a failing grade on the assignment and may result in discipline up to and including dismissal.

## III. POLICY

III.A. Quizzes are designed to test an individual's understanding in portions of a body of knowledge in advances of a test covering the entire training module.

III.A.1. Repeated failure to successfully pass quizzes may indicate the individual is unable or unwilling to learn the material necessary to demonstrate mastery of that portion of the module or unable to learn new material, in general.

III.A.2. As the material is presented in a building block fashion, continual failure of quizzes puts the individual behind in the program, affects other trainees, and puts undue burden on the instructor who must keep all of the individuals moving forward to complete the training goal.

III.B. Competency tests are designed to test the individual's ability to demonstrate mastery of an entire body of knowledge (module).

III.B.1. The failure of the individual to pass a competency test successfully the first time may indicate the individual is unable to prepare for a major test or has other identified or unidentified difficulties.

III.B.2. The continual failure of major tests indicates the individual is not taking training seriously or does not have the ability to master material in order to successfully complete a module necessary to be successful in a discipline. Training of the individual must be terminated, and the options considered and determined.

III.C. Additionally, no competency tests/quizzes/oral boards/mock trials will be given to an individual, covering new subject material, until such time as the individual has successfully passed competency tests/oral boards/quizzes/mock trials on previously failed subject material.

III.D. Promotions: Because training/learning is cumulative, failure to pass quiz(zes)/competency test(s)/oral boards/mock trials will result in the individual not being promoted at the time intervals normally associated with the Forensic Scientist (FS) series. Thus, if an individual has not successfully passed a makeup quiz/competency test/oral board/mock trial at the time in which a recommendation for a planned promotion is submitted to the department, he/she will not be promoted to the next FS level.

III.E. Agency Directed Cross Training

III.E.1. For experienced individuals who are directed to cross train in a different discipline or in additional/replacement techniques within his/her own discipline and the individual fails to successfully complete training, options must be discussed. Options are: transfer, training in another discipline, or dismissal.

III.E.2. Evaluation criteria and required managerial actions in the event an individual fails a quiz/tested area:

<u>Testing Category</u>	<u>Action</u>	<u>Performance Evaluation</u>
Quiz failed (Specific subject area)	Documented counseling by trainer within 1 day	No
Make-up quiz test failed (Same subject area)	Written reprimand within 2 days	Yes, within 3 days

Second make-up quiz (Same subject area)	Training terminated – options discussed	Yes, within 3 days plus memo recommending termination from training sent by Training Coordinator through chain to Command Headquarters
Second quiz failed (New subject area – represents second quiz failed during training program)	Oral reprimand within 2 days	Yes, within 3 days
Make-up quiz failed (of this new subject area)	Written reprimand within 2 days	Yes, within 3 days
Second make-up quiz failed (of this new subject area)	Training terminated – options discussed	Yes, within 3 days Plus memo recommending termination from training sent by Training Coordinator through chain to Command Headquarters
Third quiz failed (New subject area different from the two quizzed areas)	Written reprimand within 2 days	Yes, within 3 days
Make-up quiz failed (of this additional subject area)	Training terminated - options discussed	Yes, within 3 days Plus memo recommending termination from training sent by Training Coordinator through chain to Command Headquarters
Competency test failed	Written reprimand within 2 days	Yes, within 3 days
Makeup competency test failed	Training terminated – options discussed	Yes, within 3 days Plus memo recommending termination from training sent by Training Coordinator through chain to Command Headquarters
Second competency test failed (Different subject matter than above)	Written reprimand within 2 days	Yes, within 3 days

Makeup test of this competency material failed	Training terminated – options discussed	Yes, within 3 days Plus memo recommending termination from training sent by Training Coordinator through chain to Command Headquarters
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### III.F. Individual Requested Cross Training

III.F.1 Evaluation of criteria and required managerial actions in the event a current employee who requests to cross train in a different discipline or in an additional/replacement technique within his/her own discipline fails a tested area:

III.F.2. Evaluation criteria and required managerial actions in the event an individual fails a quiz/tested area:

<u>Testing Category</u>	<u>Action</u>	<u>Performance Evaluation</u>
Quiz failed	Documented counseling by trainer within 1 day	Yes
Make-up quiz failed	Oral reprimand within 2 days	Yes
2 <sup>nd</sup> quiz failed (Different subject matter than above)	Written reprimand within 2 days	Yes, within 3 days
Make-up quiz failed	Employee returns to original discipline	Yes, within 3 days
3 <sup>rd</sup> quiz failed (Different subject matter than above)	Employee returns to original discipline	Yes, within 3 days
Competency test failed	Written reprimand within 2 days	Yes, within 3 days
Make-up competency test failed (Same subject area)	Employee returns to original discipline	Yes, within 3 days
2 <sup>nd</sup> competency test failed (Different subject area)	Employee returns to original discipline	Yes, within 3 days

III.G. Other combinations in which the individual fails to successfully progress through the training program will include, but not necessarily be limited to, the following situations:

- III.G.1. Four quiz failures during the training program will result in termination of training.
- III.G.2. Three competency test failures during the training program will result in termination of training.
- III.G.3. Continued failure to meet assigned objectives regardless of failed quizzes/tests, resulting in falling significantly behind in the training group.

#### IV. PROCESS

Should the above training failure consequences need to be utilized, the following process will be used. This policy serves as Command/Division approval to proceed through execution of the discipline.

IV.A. For quiz/test failures or any other infraction that may result in a written reprimand or above, including but not limited to allegations of academic misconduct, the following workflow will be followed:

IV.A.1. The Laboratory Director (LD) of the Training and Application Laboratory, or designee, should complete the Division of Internal Investigations (DII) "Checklist Initiation Report (CIR)" (ISP 3-034) and submit via e-mail to ISP.DIICasemanager@illinois.gov.

IV.A.2. DII will respond in one of two ways:

IV.A.2.a. DII may respond by assigning a tracking number and referring the case back to Division of Forensic Services for investigation. The LD of the Training and Applications Laboratory, designee, will generally be assigned to complete the investigation. Every effort should be made to complete the investigation in a thorough and timely manner.

IV.A.2.b. DII may respond by assigning the investigation to a Special Agent to complete. Training and Applications Laboratory staff may be contacted to arrange scheduling or witness interviews, if needed. Every effort should be made to assist in the timely completion of the investigation.

IV.A.3 Upon completion of the investigation, the appropriate disciplinary process will be completed with a copy of the discipline administered being forwarded through chain to complete the process. These should be expedited, where possible, in order to reduce any negative effects on training timelines.

IV.B. When a quiz/test failure requires a written reprimand, Training and Applications Laboratory staff will follow the workflow outlined in the Training Operations Manual (TOM).



## Forensic Sciences Command



Date of Original Issue: 10/02/00	Policy: <b>TRN 12 - Training Files</b> Page 1 of 5
Date of Revised Issue: 08/27/25	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-25-05	

## I. POLICY

Training files must follow required guidelines for the establishment, identification, collection, indexing, accessing, filing, storage, maintenance and destruction of Forensic Sciences Command (FSC) training files. All training files must document all training that personnel received while an employee of this organization. The files must be inclusive enough to substantiate the training received and the training period. The files must comply with Command policy/procedures ensuring accreditation standards are met. Files may be maintained as hard copy or through electronic means.

## II. DEFINITIONS

For the purpose of this directive, the following are definitions of training opportunities:

- II.A. Initial training - The formal, structured training program in each laboratory specialty area. This training may be provided for new employees or for current analysts undergoing cross-training in another specialty area. It may be conducted as either residency (students are located at the training site) or distributive (training is provided via videoconferencing or in modules utilizing an on-site facilitator).
- II.B. In-Service - A formal, documented short term training session. The training format is interactive in nature. This type of training is utilized for the introduction of new techniques, formal training that requires accreditation standards documentation, or Command directed training which requires documentation.
- II.C. Workshop - A formal training session that does not require documentation. The training format is interactive in nature.
- II.D. Seminar - A semi-formal training session that does not require documentation. The training format is lecture in nature.
- II.E. In-house training - A formalized training program developed by an operational laboratory to train individuals in an area of expertise. This training would follow the structure of the training manual but the involvement of the Statewide Training Program would be limited to policies delineated in Command Directive TRN 9.

II.F. Training Files - The following are official training files maintained within the Forensic Sciences Command:

- Initial Training File
- Completed Initial Training File
- Laboratory Training File
- In-Service Training File
- In-House Training File

### III. PROCEDURES

III.A. Identification - All training files will be identified by the words ATraining File@ marked on the outside of the file. The specific type of training file (initial, in-service) must also be noted on the outside of the file. Each training file will list on the outside of the file the name of the person who has received the training and the section in which the person has received training.

III.B. Initial Training File

III.B.1. The Training Coordinator is responsible for establishing and collecting the documents from the initial training of each trainee throughout the training. This documentation will include copies of available training records of trainees who received previous professional training.

III.B.2. All files will be indexed with index tabs identifying the following categories in the following order:

- Initial Documentation - paperwork generated when hired
- DNA Educational Requirements (if applicable)
- Modular Completion Check List
- Training Exercises
- Tests and Quizzes
- Mock Trial Evaluations
- Copies of any training certificates
- New Personnel Orientation Checklist

III.B.3. Storage - Initial Training Files will be maintained by the Training Coordinator at the site where training is being received. If the Training Coordinator is utilizing a facilitator off-site, portions of the Initial Training File can be stored at the site of the Training Coordinator. The Training Coordinator will ensure all standards for training files are being maintained by the facilitator.

III.B.4. A memorandum including the training module checklist will be issued by the Training Coordinator to the Training and Applications (T/A) Laboratory Director. The T/A Laboratory Director will release the individual from training via memorandum and a certificate. These documents will be stored electronically in the analyst's online training file on the Statewide Training Program's file server. The T/A Laboratory Director will send an email to the analyst, his/her Laboratory Director, his/her Bureau Chief, and the Director of Quality Assurance, notifying them that the documentation has been generated.

III.B.5. After initial training is completed, exercises performed during training will be returned to the individual or destroyed at the request of the employee. The remainder of the Initial Training File will be reduced to the Completed Initial Training File and sent to the T/A Laboratory Director.

III.B.6. After initial training is completed, a template of the tests used in the training program will be maintained by the Training Coordinator. This template will be maintained as a reference for the tests taken during each individual's training program.

III.C. Completed Initial Training File

III.C.1. The T/A Laboratory Director is responsible for establishing and maintaining the file after completion of training.

III.C.2. All files will include the following documentation:

Initial Documentation - paperwork generated when hired  
DNA Educational Requirements (if applicable)  
Modular Completion Check List  
Copies of any training certificates  
New Personnel Orientation Checklist  
Memorandum releasing individual to perform casework

III.C.3. Storage - All files will be stored electronically on the Statewide Training Program file server.

III.C.4. Completed Initial Training Files will be maintained by the T/A Laboratory Director.

III.D. Laboratory Training File

III.D.1. The Laboratory Director of the assigned operational laboratory or his/her designee is responsible for establishing and maintaining a file for each Forensic Scientist and Evidence Technician under his or her supervision documenting all training activities that the individual employee attended after initial training.

III.D.2. All files will be indexed with index tabs identifying the following categories in the following order:

All training documentation in chronological order upon receipt of the documentation, including a copy of the initial training certificate or initial training completion memorandum for employees who have completed training since July 1, 2000. For those employees who have completed initial training prior to July 1, 2000, documentation in a form approved by the T/A Laboratory Director is acceptable.

III.D.3. Storage - Laboratory Training Files will be maintained at the operational laboratory.

III.D.4. Laboratory Training Files will be maintained by the Laboratory Director of the individual's assigned laboratory. The Laboratory Training File will transfer with the individual to any new work location within the Forensic Sciences Command and will become the responsibility of that Laboratory Director.

III.E. In-Service Training Files

III.E.1. At the conclusion of an in-service training class, the Command Advisory Board (CAB) chairperson or person responsible for coordinating the training will ensure that the In-Service Training File is completed.

III.E.2. All files will be indexed with index tabs identifying the following categories in the following order:

Outline of the training given  
Copy of the practical and/or theoretical testing  
Roster of attendees  
Listing of attendees who satisfactorily completed the training

III.E.3. Storage - After the in-service training is completed, the In-Service Training File will be forwarded and stored by the T/A Laboratory Director.

III.E.4. In-Service Training Files will be maintained by the T/A Laboratory Director.

III.E.5. In the event that an in-service participant fails either a practical or a theoretical test, the following steps will be taken by the person responsible for coordinating the training:

- a. A memo documenting the failure will be forwarded to the participant, their Laboratory Director, and the T/A Laboratory Director.
- b. Remediation will be planned and implemented.
- c. A retest will be administered. Failure of this second test will make the individual ineligible to use the new methodology in casework. It will be the responsibility of the Laboratory Director, in consultation with Command, to decide when and if to seek further training on this methodology for the individual.

III.E.6. A copy of the list of attendees who satisfactorily completed training will be forwarded to the appropriate Laboratory Director and/or program administrator. A Certificate of Training will be issued by the Statewide Training Program to individuals who have successfully completed the in-service training. This certificate must be maintained in the Laboratory Training File.

#### III.F. In-House Training File

III.F.1. The Training Coordinator is responsible for establishing and collecting the documentation relating to the training of each individual participating in the training program throughout the training.

III.F.2. All files will be indexed with index tabs identifying the following categories in the following order:

DNA Educational Requirements (if applicable)  
Modular Completion Check List  
Training Exercises  
Tests and Quizzes  
Mock Trial Evaluations  
Copies of any training certificates

III.F.3. Storage - In-House Training Files will be stored at the operational laboratory where the training was conducted.

III.F.4. In-House Training Files will be maintained by the Laboratory Director of the laboratory providing the training.

III.F.5. Upon successful completion of the in-house training program, a Certificate of Completion will be issued by the Statewide Training Program. At that time, tests and quizzes can be destroyed if blank copies of the tests and quizzes are forwarded to the appropriate Training Coordinator.

- III.G. Accessing of Training Files - All training files will be maintained in an area which can have controlled access and is designated in the laboratory= Facility Operations Manual (FOM). Individuals will be allowed access to their training files upon request.
- III.H. Disposal of Training Files - Any original documentation generated by the Training Coordinator in the Initial Training File and all other training documentation contained in FSC training files will be destroyed in accordance with the State Records Act (5 ILCS 160/1 et seq.).
- III.I. Deletion of documentation in the Completed Initial Training Files, Laboratory Training Files, In-Service Training Files or the In-House Training Files shall not be done without written authorization from the Commander.
- III.J. When an employee leaves FSC employment, his/her Laboratory Training File and In-House Training File will be maintained on-site at the laboratory for a period of four (4) years. After that period, these files will be shipped to Archives along with the major case files for the year of departure. For example, if the individual retired in 2009, these files would be included in the archive shipment for 2009 major cases.

As of January 1, 2018, the training files will be maintained for a total of 80 years. Training files archived prior to January 1, 2018, will be maintained for 74 years after the person left ISP employment. See Command Directive ADM 4 (Case File Archival Procedures) for additional information.



## Forensic Sciences Command

Date of Original Issue: 01/02/14	Policy: <b>TRN 14 – Standards for the Completion of Supervised Casework</b> Page 1 of 1
Date of Revised Issue: 03/14/24	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-24-03	

## I. POLICY

The focus of supervised casework is for the trainee to increase efficiency while maintaining high quality, gain additional experience examining a variety of evidence, learn various deferral options, and progressively work more independently. Before completing the training program, the trainee must be producing accurate, complete casework with only occasional minor errors.

## II. PROCEDURES

- II.A. At the appropriate time in the supervised casework module, the training coordinator will announce that all remaining cases will be treated as practical competency tests. Due to the unpredictable nature of the cases received for supervised casework, the point at which this will occur will vary between forensic disciplines and may vary between individual trainees within a discipline. A minimum of three supervised cases will be counted as practical competency tests.
- II.B. The following standards, as well as all criteria listed in the specific section training manual, must be met for the successful completion of each supervised case. Failure to comply with any of these standards on a given case, as determined by the training coordinator, will constitute a failed practical competency test. Such failure will be subject to the provisions of Command Directive TRN 10 II.F. or TRN 11 II.H./II.J. as appropriate. The standards will include, but are not limited to:
  - II.B.1. The analytical report must accurately reflect the work done.
  - II.B.2. All work done is complete, and accurately recorded in the case notes.
  - II.B.3. All Forensic Sciences Command minimum standards and controls were followed.
  - II.B.4. All ISP procedures, protocols, and policies were followed.



## Forensic Sciences Command

Date of Original Issue: 11/26/14	Policy: <b>TRN 15 – Management Authorization to Perform the Duties of a Forensic Scientist</b> Page 1 of 3
Date of Revised Issue: 01/18/24	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-24-02	

### I. POLICY

Management must authorize specific personnel to perform particular types of sampling, tests, and procedures; to issue reports; development, modification, verification, and validation of methods; to give opinions and interpretations; and operate particular types of equipment.

### II. PROCEDURE

#### II.A Supervised Casework

- II.A.1. Successful completion of a training module will authorize the trainee to perform those specific tasks in supervised casework, where applicable.
- II.A.2. The work authorization will be documented on the module completion checklist by the Training Coordinator. Training Modules directly relating to casework tasks will include a competency test to demonstrate successful completion of the module.
- II.A.3. For any employee working cases under supervision prior to October 1, 2023, documentation of the individual successfully completing competency tests for training modules will suffice as documentation for authorizing supervised casework.

#### II.B. Initial Training

- II.B.1. The Training and Applications (T/A) Laboratory Director will review the training file and recommendation of the pertinent Training Coordinator (or Laboratory Director for in-house training) for each applicable employee upon successful completion of the training program (TRN 10 or TRN 11).

- II.B.2. Upon satisfactory review, the T/A Laboratory Director will release the employee from training except for the discipline of DNA and authorize them to:

- Perform analyses (sampling and testing)
- Operate and maintain analytical equipment
- Interpret data and reach conclusions
- Issue analytical reports
- Perform technical review (casework and testimony)
- Develop, modify, verify, and validate methods (in accordance with other Command policies)
- Testify in courts of law

II.B.3. Upon satisfactory review of DNA personnel, the T/A Laboratory Director will provide the appropriate DNA checklists to the appropriate DNA technical leader for review and approval. Upon satisfactory review and documentation by the DNA technical leader to the T/A Laboratory Director, the process may then proceed as indicated in II.A.2.

II.B.4. Documentation of authorization by the T/A Laboratory Director must include, but is not limited to:

- A memorandum to the Bureau Chief of the operational laboratory (see TRN Appendix 8).
- An Authorization Form (located in the section's training manual appendices) indicating which techniques and methods under the laboratory's International Organization for Standardization (ISO) Scope of Accreditation the employee is authorized to perform.

II.B.5. For any employee independently working cases prior to November 26, 2014, documentation of the individual's job description based upon the laboratory's scope of accreditation will suffice as documentation of authorization for the items listed in II.A.2.

II.B.6. The authorization of work applies to all Forensic Sciences Command laboratories and facilities.

II.B.7. The authorization forms will be maintained on the network and accessible by the laboratory.

### II.C. In-Service Training

II.C.1. After completion of Initial Training, the Authorization Form for an individual will be maintained by his/her Laboratory Director. Changes to an individual's authorizations based on in-service training received will be the responsibility of the Laboratory Director.

II.C.2. The Training and Applications (T/A) Laboratory Director will review the in-service training documentation and recommendation of the pertinent Training Coordinator (or other individual designated to conduct training) for each applicable employee upon successful completion of the training session.

II.C.3. Upon the successful completion of in-service training, the T/A Laboratory Director will compile documents including, but not limited to:

- A memorandum to the Laboratory Director of the individual completing the training authorizing the individual (as applicable) to:
  - Perform analyses (sampling and testing)
  - Operate and maintain analytical equipment
  - Interpret data and reach conclusions
  - Issue analytical reports
  - Perform technical review (casework and testimony)
  - Develop, modify, verify, and validate methods (in accordance with other Command policies)
  - Testify in courts of law
- The training checklist for the covered module
- A memorandum to the T/A Laboratory Director from the individual conducting the training indicating successful completion
- A training certificate from an outside agency or vendor conducting the training may suffice in lieu of the above training checklist and completion memorandum.

II.C.4. For individuals receiving in-service training in DNA, the documentation in II.B.3. will be forwarded to the DNA Technical Leader for that operational laboratory for his/her approval prior to notification being made to the Laboratory Director.

II.C.5. The authorization of work applies to all Forensic Sciences Command laboratories and facilities.

II.C.6. The authorization memorandum and other documents listed in II.B.3. will be placed in the individual's on-line training file.



## Forensic Sciences Command



Date of Original Issue: 03/14/24	Policy: <b>TRN 16 - Academic Criteria for Successful Completion of a Forensic Sciences Command Formal Training Program (For New or Returning Employees Who Previously Completed a Forensic Science Training Program)</b> Page 1 of 5
Date of Revised Issue: 03/14/24	Compliant with ISO 17025 standards and the ANAB accreditation requirements.
Revision Transmittal Number: T-24-03	

## I. PURPOSE

To provide established guidelines which delineate the academic requirements that must be met for new or returning employees who were previously trained and/or certified as Forensic Scientists.

## II. DEFINITIONS

- II.A. Quizzes: In this level of assessment, the individual must demonstrate proficiency and/or knowledge (written or technical) in portions of the body of knowledge (module). The intent is that the individual proves his/her mastery of the subject matter independent of any outside assistance. The individual has the responsibility to perform and achieve a minimum predetermined standard. Unless otherwise noted, this standard will be 80% for written quizzes and 100% for practical quizzes.
- II.B. Competency Tests: In this level of assessment, the individual must ultimately demonstrate proficiency and/or knowledge (written or technical proficiency) of an entire body of knowledge (module). The intent is that the individual proves his/her mastery of the subject matter independent of any outside assistance. The individual has the responsibility to perform and achieve a minimum predetermined standard. Unless otherwise noted, this standard will be 80% for written competency tests and 100% for practical competency tests, oral boards, and mock trials.
- II.C. Make-up Quiz/Test: If a quiz or test is failed, a make-up will be given except as indicated in III.E.1 and III.E.2. The make-up quiz/test will cover the same body of material as the previously failed quiz/test and represents a second opportunity for the individual to demonstrate mastery of that subject matter. The passing score remains 80% for written quizzes/competency tests and 100% for practical quizzes/competency tests/oral boards/mock trials.
- II.D. Academic Misconduct: Actions taken on the part of an individual in training that subvert the ability of the Training Coordinator to properly assess the performance of that individual. Examples may include, but are not limited to, plagiarism; presenting work not performed as their own; inappropriate/unauthorized use of training materials or reference during a test/quiz; and consulting someone other than the Training Coordinator (or designee) on a test/quiz. Founded allegations of academic misconduct will minimally result in a failing grade on the assignment and may result in discipline up to and including dismissal.

- II.E. Competency Assessment Training (CAT): A modified training program provided to experienced individuals who were previously trained and/or certified as Forensic Scientists by another agency or the Illinois State Police. Upon hiring/re-hiring, an individual in this category may demonstrate competency in the various training modules through the use of a pre-test in lieu of repeating the entire module. As an individual in this situation was hired for a specific discipline, failure of the training program may lead to dismissal.
- II.F. Pre-Test: This type of assessment is intended for a new employee undergoing Competency Assessment Training. The purpose is to give an individual in training the opportunity to demonstrate competency in a given module in order to bypass the actual training activities for that module. Although the same predetermined minimum standards (80% for written competency tests and 100% for practical competency tests, oral boards, and mock trials) will be adhered to, failure to pass will incur no disciplinary measures except as indicated in III.E.4. If a pre-test is failed, the individual in training will be required to complete the training activities in that module, to include associated quiz(zes) and tests.

### III. POLICY

- III.A. A new or returning Illinois State Police employee who was previously trained and/or certified as Forensic Scientist must successfully complete the training requirements for sample analyses and pass appropriate competency tests in given body of knowledge (modules) before authorization to perform the duties of a forensic scientist is given.
- III.B. The employee will be given the opportunity to demonstrate competency in a module in order to bypass the actual training activities for that module.
  - III.B.1. A pre-test will be used to assess competency in the module. The evaluation criteria of pre-tests is the same as competency tests (80% for written competency tests and 100% for practical competency tests, oral boards, and mock trials).
  - III.B.2. If a pre-test is failed, the individual will be required to complete the training activities in that module, to include passing the associated quiz(zes) and tests.
  - III.B.3. A successfully passed pre-test signifies the individual successfully completed the training requirements and competency test for the module.
- III.C. Quizzes are designed to test an individual's understanding in portions of a body of knowledge in advance of a test covering the entire training module.
  - III.C.1. Repeated failure to successfully pass quizzes may indicate the individual is unable or unwilling to learn the material necessary to demonstrate mastery of that portion of the module or is unable to learn new material, in general. As the material is presented in a building block fashion, continual failure of quizzes puts the individual behind in the program, affects other new employees in the CAT training, and puts undue burden on the instructor who must keep all of the individuals moving forward to complete the training goal.

## III.C.2 Evaluation criteria and required managerial actions in the event an individual fails a quiz.

<u>Testing Category</u>	<u>Action</u>	<u>Performance Evaluation</u>
Quiz Failed (Specific subject area)	Documented counseling by trainer	No
Make-up quiz failed (Same subject area)	Written reprimand	Yes, within 3 days
Second make-up quiz failed (Same subject area)	Dismissal	No
<hr/>		
Quiz failed (New subject area – represents second quiz failed during training program)	Oral reprimand	Yes, within 3 days
Make-up quiz failed (Of this new subject area)	Written reprimand	Yes, within 3 days
Second make-up quiz failed (Of this new subject area)	Dismissal	No
<hr/>		
Another quiz failed (New subject area different from the two quizzed areas above)	Written reprimand	Yes, within 3 days
Make-up quiz failed (Of this additional subject area)	Dismissal	No

## III.D. Competency tests are designed to test the individual's ability to demonstrate mastery of an entire body of knowledge (module).

- III.D.1 The failure of the individual to pass a competency test successfully the first time may indicate the individual is unable to prepare for a major test or has other identified or unidentified difficulties.
- III.D.2. The continual failure of major tests indicates the individual is not taking training seriously or does not have the ability to master material in order to successfully complete a module necessary to be successful in a discipline. The individual needs to be dismissed at this time before the training of others is seriously affected and to avoid an undue burden on the training coordinator.

III.D.3 Evaluation criteria and required managerial actions in the event an individual fails a tested area:

<u>Testing Category</u>	<u>Action</u>	<u>Performance Evaluation</u>
Competency test failed	Written reprimand	Yes, within 3 days
Make-up competency test failed	Dismissal	No
<hr/>		
Competency test failed (Different subject matter than above)	Written reprimand	Yes, within 3 days
Make-up test of this competency test failed	Dismissal	No

III.E. Other combinations in which the individual fails to successfully progress through the training program will include, but not necessarily be limited to, the following situations:

III.E.1. Four quiz failures during the training program will result in dismissal.

III.E.2. Three competency test failures during the training program will result in dismissal.

III.E.3. Continued failure to meet assigned objectives regardless of failed quizzes/tests, resulting in falling significantly behind in the training group.

III.E.4. Continued failure of an individual to successfully pass assigned pre-tests.

III.F. The above applies to the entire training program. Additionally, no competency tests/quizzes/oral boards/mock trials covering new subject material will be given to an individual until such time as the individual has successfully passed make-up competency tests/oral boards/mock trials/ quizzes on previous failed subject material.

III.G. Promotions: Because training/learning is cumulative, failure to pass quiz(zes)/competency test(s)/oral boards/mock trials may result in not being promoted as scheduled. Thus, if an individual has not successfully passed a makeup quiz/ test/oral board/mock trial at the time in which a recommendation must be submitted to the department, he/she may be dismissed.

#### IV. PROCESS

Should the above training failure consequences need to be utilized, the following process will be used. This policy serves as Command/Division approval to proceed through execution of the discipline.

IV.A. For quiz/test failures that may result in dismissal or any other infraction that may result in a written reprimand or above, including but not limited to allegations of academic misconduct, the following workflow will be followed:

- IV.A.1. The Laboratory Director (LD) of the Training and Application Laboratory, or designee, should complete the Division of Internal Investigations (DII) "Checklist Initiation Report (CIR)" (ISP 3-034) and submit via e-mail to [ISP.DIICasemanager@illinois.gov](mailto:ISP.DIICasemanager@illinois.gov) .
- IV.A.2. DII will respond in one of two ways:
  - IV.A.2.a. DII may respond by assigning a tracking number and referring the case back to Division of Forensic Services for investigation. The LD of the Training and Applications Laboratory, designee, will generally be assigned to complete the investigation. Every effort should be made to complete the investigation in a thorough and timely manner.
  - IV.A.2.b. DII may respond by assigning the investigation to a Special Agent to complete. Training and Applications Laboratory staff may be contacted to arrange scheduling or witness interviews, if needed. Every effort should be made to assist in the timely completion of the investigation.
- IV.A.3 Upon completion of the investigation, the appropriate disciplinary process will be completed with a copy of the discipline administered being forwarded through chain to complete the process. The disciplinary process should be expedited, where possible, in order to reduce any negative effects on training timelines.

IV.B. When a quiz/test failure requires a written reprimand, Training and Applications Laboratory staff will follow the workflow outlined in the Training Operations Manual (TOM).

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**TRN Appendix 1**  
**JOB PERFORMANCE REVIEW**

Employee: \_\_\_\_\_ Laboratory: \_\_\_\_\_  
Section: \_\_\_\_\_  
Date Hired: \_\_\_\_\_  
Evaluated by: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

	Needs Improvement	Satisfactory	Exceeds Expectations	Unable to Evaluate	Not Applicable
Job Knowledge					
Case Approach					
Evidence Handling					
Productivity					
Quality					
Analytical Accuracy					
Completeness of Work					
Timeliness of Results					
Attention to Detail					
Use of Time					
Communication					
Oral Communications					
Written Communications					
Attitude					
Interaction with Lab Staff					
Interaction with Agencies					
Overall Rating					

If the employee has testified during the four-month review period, attach a copy of the Courtroom Evaluation Sheet.

List technical areas which the trainee is weak:

Additional comments:

Revised: January 2, 2014

TRN Appendix 2  
**ILLINOIS STATE POLICE**  
Division of Forensic Services  
Forensic Sciences Command

**EVALUATION OF TRAINER/TRAINING PROGRAM**

Employee's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Section: \_\_\_\_\_

Evaluation period: \_\_\_\_\_

Training Coordinator: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please indicate the degree to which you agree or disagree with the following statements, circling the corresponding number on the scales; the middle being least and the 3 at each end being greatest.

	<b>Disagree</b>	<b>Agree</b>
1. The objectives of the training were clearly defined.	3 2 1	0 1 2 3
2. The content was well organized and easy to follow.	3 2 1	0 1 2 3
3. Participation and interaction were encouraged.	3 2 1	0 1 2 3
4. The topics discussed were relevant to my job.	3 2 1	0 1 2 3
5. The materials presented and distributed were helpful.	3 2 1	0 1 2 3
6. The training objectives were met.	3 2 1	0 1 2 3

Please rate the Training Coordinator's strengths from the strongest (#1) to the weakest (#6)

\_\_\_\_\_ Presentation

\_\_\_\_\_ Feedback

\_\_\_\_\_ Organization

\_\_\_\_\_ Availability

\_\_\_\_\_ Knowledge

\_\_\_\_\_ Relevancy of Material

What did you like most about the training?

What aspects of the training could be improved?

Additional Comments:

Revised: April 2017

TRN Appendix 3

ILLINOIS STATE POLICE

INTERGOVERNMENTAL AGREEMENT FOR LAW ENFORCEMENT TRAINING

The purpose and objective of this agreement is to efficiently and economically improve the skills and abilities of criminal justice personnel by providing a program of professional training in the field of law enforcement. The Illinois State Police reserves the right to refuse to train individuals when doing so would be inconsistent with the professional standards and objectives of this department. The Illinois State Police, under the provisions of the Intergovernmental Cooperation Act (Illinois-Compiled Statutes 1992, 5 ILCS 220/1 *et seq.*), shall provide certain law enforcement training services to identified member(s) of the \_\_\_\_\_ (hereafter referred to as "Requesting Agency").

The Requesting Agency, in consideration of these training services, shall pay the Illinois State Police a previously agreed upon training fee. The training fee must be paid by the due date indicated on the training course invoice which will be forwarded to the Requesting Agency by the Illinois State Police. The specific training services being provided by the Illinois State Police, \_\_\_\_\_, are for the period listed below at a cost of \$ \_\_\_\_\_. The Requesting Agency further agrees to hold harmless and fully indemnify the Illinois State Police, its employees and the state of Illinois for any damages and/or injuries which occur to the Requesting Agency's participant(s) caused by intentional or negligent acts or omissions of said participant(s). This agreement is for the period of \_\_\_\_\_. Amendments may be made of this agreement at any time upon mutual written consent of the parties, and either party may cancel this agreement upon thirty (30) days prior written notice.

The parties agree and understand that certain federal and Illinois statutory and administrative requirements may apply to this agreement. The parties agree that any and all such provisions relating to public contracts are intended to be and are hereby incorporated by reference. Upon written request by either party, the other party will provide written certification of compliance with any statutory or administrative requirement applicable to this agreement. Any certification so been by any party shall be deemed part of this agreement.

The undersigned parties do hereby agree to the terms and conditions of this agreement by affixing the following signatures:

Requesting Agency

Illinois State Police

By: \_\_\_\_\_ By: \_\_\_\_\_  
\_\_\_\_\_  
Director

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Cost Center 942



**ILLINOIS STATE POLICE**  
*Division of Forensic Services*

XXX  
*Governor*

XXX  
*Director*

**MEMORANDUM**

TO: Bureau Chief XXX  
Forensic Sciences Command

FROM: Laboratory Director XXX  
Training and Applications Laboratory

DATE: XXX

SUBJECT: Release from Training – Forensic Scientist XXX

I approve Training Coordinator XXX's recommendation to release Forensic Scientist XXX from XXX training, effective XXX.

In the forensic discipline of XXX, Forensic Scientist XXX is authorized to independently perform analyses (sampling and testing); operate and maintain analytical equipment; interpret data and reach conclusions; issue analytical reports; perform technical review (casework and testimony); develop, modify, verify, and validate methods (in accordance with other Command policies); and testify in courts of law. The specific areas Forensic Scientist XXX is authorized to work in are outlined in the attached Authorizations Form. Any updates to Forensic Scientist XXX's Work Authorization must be appropriately documented.

A copy of the Authorization Form and the completed Training Module Checklist have been placed in his/her electronic training file.

cc: Laboratory Director XXX  
Director of Quality Assurance XXX  
Training Coordinator XXX  
Forensic Scientist XXX

Forensic Sciences Command  
Training and Applications Laboratory  
2060 Hill Meadows Drive, Suite 1  
Springfield, IL 62702-4670  
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**ILLINOIS STATE POLICE**  
*Division of Forensic Services*

JB Pritzker  
*Governor*

**MEMORANDUM**

Brendan F. Kelly  
*Director*

TO: All Laboratory Directors  
Forensic Sciences Command

FROM: Commander Jan L. Johnson, Ph.D.   
Forensic Sciences Command

DATE: January 30, 2025

SUBJECT: **Command Directives Manual Transmittal T-25-01**

The Forensic Sciences Command, Command Directives Manual has been reviewed by the appropriate personnel in accordance with ISO requirements. The 2024 edition of the manual has been archived.

The Commander's letter has been updated to reflect the date of January 30, 2025, indicating the effective date of this manual. The Table of Contents has also been updated to reflect the date the annual review was completed.

This memo is available at the end of the Command Directives Manual and can be located by selecting the "Update Memo" tab.

Please note that all CD changes have been made to the electronic on-line version. Should there be any questions or concerns, please feel free to call me. Also, continue to call my attention to any policies which require amendments or corrections.

JLJ:aa

Forensic Sciences Command Headquarters  
801 South Seventh Street • Suite 900A  
Springfield, IL 62703-2487  
(217) 782-4649 (voice) • 1 (800) 255-3323 (TDD)

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**ILLINOIS STATE POLICE**  
*Division of Forensic Services*

JB Pritzker  
*Governor*

**MEMORANDUM**

Brendan F. Kelly  
*Director*

TO: All Laboratory Directors  
Forensic Sciences Command *JLJ*

FROM: Commander Jan L. Johnson Ph.D.  
Forensic Sciences Command

DATE: April 21, 2025

SUBJECT: **Command Directives Manual Transmittal T-25-02**

These revisions to the Command Directives Manual are effective immediately. This transmittal includes revisions to directives, format changes, and/or typographical corrections. The following directives were revised, and the index was updated and indicates in **BOLD** print the policy revised. The change within the policy is designated with a bold, vertical line at the beginning of the revised section, paragraph, and/or sentence.

**ADM04**  
**ADM06**  
**ADM14**  
**EQPAPP01**

This Updated Memo is available at the end of the Command Directives Manual.

Please note that all Command Directive changes have been made to the electronic on-line version. Review revisions closely and if there are any questions or if any additional revisions are needed, contact your Bureau Chief. Also, continue to call to their attention any policies which require amendments or corrections.

JLJ:a

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**ILLINOIS STATE POLICE**  
*Division of Forensic Services*

JB Pritzker  
*Governor*

**MEMORANDUM**

Brendan F. Kelly  
*Director*

TO: All Laboratory Directors  
Forensic Sciences Command

FROM: Commander Jan L. Johnson Ph.D. *JLJ*  
Forensic Sciences Command

DATE: August 13, 2025

SUBJECT: **Command Directives Manual Transmittal T-25-03**

These revisions to the Command Directives Manual are effective immediately. This transmittal includes revisions to directives, format changes, and/or typographical corrections. The following directives were revised, and the index was updated and indicates in **BOLD** print the policy revised. The change within the policy is designated with a bold, vertical line at the beginning of the revised section, paragraph, and/or sentence.

<b>ESHAPP02</b>	<b>ORG03</b>	<b>TCH23</b>
<b>ESHAPP17</b>	<b>TCH16</b>	<b>TCHAPP11</b>
<b>EVH23</b>	<b>TCH20</b>	<b>TCHAPP14</b>
<b>EVH36</b>	<b>TCH22</b>	

This Updated Memo is available at the end of the Command Directives Manual.

Please note that all Command Directive changes have been made to the electronic on-line version. Review revisions closely and if there are any questions or if any additional revisions are needed, contact your Bureau Chief. Also, continue to call to their attention any policies which require amendments or corrections.

JLJ:a

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**ILLINOIS STATE POLICE**  
*Division of Forensic Services*

JB Pritzker  
*Governor*

**MEMORANDUM**

Brendan F. Kelly  
*Director*

TO: All Laboratory Directors  
Forensic Sciences Command *JLJ*

FROM: Commander Jan L. Johnson Ph.D.  
Forensic Sciences Command

DATE: August 18, 2025

SUBJECT: **Command Directives Manual Transmittal T-25-04**

These revisions to the Command Directives Manual are effective immediately. This transmittal includes revisions to directives, format changes, and/or typographical corrections. The following directives were revised, and the index was updated and indicates in **BOLD** print the policy revised. The change within the policy is designated with a bold, vertical line at the beginning of the revised section, paragraph, and/or sentence.

<b>ADM13</b>	<b>EVH11</b>	<b>EVH36</b>
<b>ADM18</b>	<b>EVH12</b>	<b>FIS02</b>
<b>ESHAPP15</b>	<b>EVH30</b>	<b>MIS01</b>
<b>ESHAPP25</b>	<b>EVH32</b>	<b>PERAPP04</b>

This Updated Memo is available at the end of the Command Directives Manual.

Please note that all Command Directive changes have been made to the electronic on-line version. Review revisions closely and if there are any questions or if any additional revisions are needed, contact your Bureau Chief. Also, continue to call to their attention any policies which require amendments or corrections.

JLJ:a

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**ILLINOIS STATE POLICE**  
*Division of Forensic Services*

JB Pritzker  
*Governor*

**MEMORANDUM**

Brendan F. Kelly  
*Director*

TO: All Laboratory Directors  
Forensic Sciences Command

FROM: Commander Jan L. Johnson Ph.D. *JLJ*  
Forensic Sciences Command

DATE: August 27, 2025

SUBJECT: **Command Directives Manual Transmittal T-25-05**

These revisions to the Command Directives Manual are effective immediately. This transmittal includes revisions to directives, format changes, and/or typographical corrections. The following directives were revised, and the index was updated and indicates in **BOLD** print the policy revised. The change within the policy is designated with a bold, vertical line at the beginning of the revised section, paragraph, and/or sentence.

<b>ADM21</b>	<b>FIS01</b>	<b>RESAPP01</b>	<b>TRN12</b>
<b>ADMAPP03</b>	<b>ORG01</b>	<b>TCH17</b>	<b>EVHAPP09 - removed</b>
<b>ESHAPP15</b>	<b>PER06</b>	<b>TCH23</b>	<b>PERAPP03 - removed</b>
<b>EVH07</b>	<b>PER11</b>	<b>TRN01</b>	
<b>EVH22</b>	<b>RES02</b>	<b>TRN11</b>	

This Updated Memo is available at the end of the Command Directives Manual.

Please note that all Command Directive changes have been made to the electronic on-line version. Review revisions closely and if there are any questions or if any additional revisions are needed, contact your Bureau Chief. Also, continue to call to their attention any policies which require amendments or corrections.

JLJ:a

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