

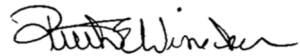
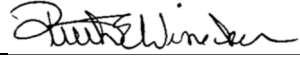
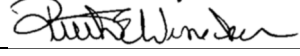
SOP-004 - Review of Evidence Storage Room Access (Room 2607)

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SOP-004 - Review of Evidence Storage Room Access (Room 2607)

SOP Name: Review of Evidence Storage Room Access (Room 2607)		SOP #: 004
North Carolina Office of the Chief Medical Examiner Toxicology Laboratory	Revision:	Revision Date/Initials:
	1.2, 2.2 – Updated responsible parties. 2.1, 2.1.1 – Updated card reader log procurement procedure. 2.3.2.2.1 – Updated log review procedure. 3.1-3.3.3 – Updated Discrepancy investigation procedure. 4.2.1 – Updated storage location of Evidence storage access Discrepancy report. 3.1, 3.3, 3.3.2, – Re-worded	SCB – 01/12/2017 REW – 08/21/2017
Approving Authority Name	Approving Authority Signature	Approval Date
Ruth E. Winecker, Ph.D.		04/07/2015
Ruth E. Winecker, Ph.D.		06/06/2016
Ruth E. Winecker, Ph.D.		08/21/2017

SOP-004 - Review of Evidence Storage Room Access (Room 2607)

1. Principle of Review Process

- 1.1. This procedure is designed to review the access to the OCME Toxicology Evidence Storage Room (room 2607). Access to the Evidence Storage Room is restricted by card key to Toxicology Laboratory personnel. Reasons for entering the Evidence Storage Room include (but are not limited to) placement of physical evidence for storage, removal and return of evidence for prescription drug counts, removal and return of evidence for identification, and inspection of physical evidence when reviewing a case. All entries to the Evidence Storage Room are recorded in a logbook and include the person(s) entering, date and time of entry, reason for entry, and evidence handled (if applicable). The logbook is reviewed for accuracy by comparison to the electronic log generated by the card key reader system. Any unusual or unreported access can be viewed by obtaining video surveillance footage.
- 1.2. This review is to be performed **monthly** by the Toxicology Supervisor with oversight by the Deputy Chief Toxicologist.
 - 1.2.1. Video surveillance is kept for a minimum of 45 days. It is therefore required that this review occur monthly to ensure availability of relevant video records.

2. Procedure

- 2.1. Obtain the “Access Denied, Granted and Other Badge Events” log for card reader CA2-11 from the Business Services Coordinator in the North Carolina State Lab of Public Health, currently David Yoder, who will automatically send the previous month’s records at the beginning of every month to both the Toxicology Supervisor and the Deputy Chief Toxicologist.
 - 2.1.1. If a specific need arises, Contact David Yoder at david.yoder@dhhs.nc.gov, 7-8982
 - 2.1.2. Give him start and end dates to be included in the log query
 - 2.1.3. Give him card reader number CA2-11
- 2.2. It is the responsibility of the Toxicology Supervisor (or the Deputy in the absence of the Supervisor) to remove the Evidence Storage logbook, making sure to record access date, time, and reason for entry.
- 2.3. Compare each entry on the “Access Denied, Granted and Other Badge Events” log with the Evidence Storage logbook.
 - 2.3.1. Highlight and note any “Access Denied” entries under “Event” on the electronic log.

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- 2.3.2. Compare the date/time and cardholder name on the electronic log with the date/time and person in the Evidence Storage logbook.
 - 2.3.2.1. Ensure that the reason for entry and evidence handled (if applicable) are entered in the Evidence Storage logbook.
 - 2.3.2.2. If correct, initial each entry in the Evidence Storage logbook.
 - 2.3.2.2.1. If an entry is made by the reviewer (e.g. Toxicology Supervisor), another designated reviewer (e.g. Deputy Chief Toxicologist) must check the entry and initial.
- 2.3.3. Note any discrepancies or errors in the Evidence Storage logbook.
- 2.3.4. Highlight and note any discrepancies on the electronic log.
- 2.4. If there are any discrepancies between the logs proceed to section 3.
- 2.5. If there are any “Access Denied” entries under “Event” proceed to section 4.
- 2.6. If there are no discrepancies between the logs or “Access Denied” entries, initial and date the electronic log and place it in the Evidence Storage Log notebook.
- 2.7. Return Evidence Storage logbook to the evidence room, making sure to record your access date, time, and reason for entry.

3. Discrepancies

- 3.1. Most discrepancies are minor and can be resolved by speaking with the analyst and writing a brief note describing the correction to the record directly on the “Access Denied, Granted and Other Badge Events Log” Common, though not exhaustive, discrepancies are:
 - 3.1.1. Missing a “putting evidence back” entry
 - 3.1.2. Missing (or incorrect) date or time
 - 3.1.3. Missing a reason for entry
 - 3.1.4. Missing a complete entry
- 3.2. For other discrepancies, and when in doubt, consult with the Chief Toxicologist or QA/QC manager who may contact the OCME administrator or Capital Police as necessary.

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3.3. If there are any discrepancies between the logs, that could not be resolved after speaking with the employee an official investigation must occur by the Toxicology Supervisor and the Deputy Chief Toxicologist. If necessary, consult with the Business Services Coordinator in the North Carolina State Lab of Public Health (currently David Yoder) and obtain the necessary video surveillance footage from camera number V2-18.

3.3.1. Ensure that evidence was being removed and replaced, and no other evidence was tampered with or removed (if applicable).

3.3.2. Discuss discrepancy with the employee and fill out an [Evidence Storage Access Discrepancy Report](#) (Tox-P3) to be filed in the laboratory's Discrepancy Report Log Book (located in the Chief's Office). Signatures of both the Chief Toxicologist and the QA/QC Manager are needed to complete this form.

3.3.3.

4. Access Denied

4.1. If there are any "Access Denied" entries in the electronic log, indicating an unauthorized attempt to enter the Evidence Storage, contact the OCME administrator and supply them with a copy of the log so that they may contact the person(s) attempting to gain entry or Capital Police as necessary.

4.2. Once the unauthorized attempt to access the Evidence Storage has been addressed and rectified, fill out an Evidence Storage Access Discrepancy Report to explain the situation and circumstances and any corrective action taken.

4.2.1. File an [Evidence Storage Access Discrepancy Report](#) in the laboratory's Discrepancy Report Log Book.