

**FORENSIC TOXICOLOGY LABORATORY
OFFICE OF THE CHIEF MEDICAL EXAMINER
CITY OF NEW YORK**

INTERNAL AUDIT PROCEDURE

OBJECTIVE

The internal audit process is conducted on a regular basis to ensure reliability of the final result and compliance with the accrediting bodies guidelines.

INTERNAL AUDIT PROCESS

Regular internal audit of the laboratory work should be made to ensure that the operations are conforming to all the requirements of laboratory standard operational procedures and accrediting bodies guidelines. At a minimum, the audit should be conducted once a year by a trained analyst, supervisor, QA Manager, Assistant Manager and Director.

An analyst, supervisor, QA Manager, Assistant Manager and Director will start the audit process and document the outcome of the audit on the internal audit form. When the audit indicates non-compliance, a corrective action process must follow. The corrective action should be documented on the corrective action form. Once the corrective action has been completed and corrective action form has been filled out, the QA Manager and Laboratory Director will review it and sign it. The Root Cause Analysis Officer and the Chief of Laboratories will be notified of the outcome of the audit. The audit corrective action will then be filed on a binder titled internal audit.

REVISION HISTORY

Ver.08.18.2015

Implemented