

FORENSIC BIOLOGY ADMINISTRATIVE MANUAL

Management System Review		
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Management System Review

1 Guiding Principles and Scope

- 1.1 Department of Forensic Biology management is committed to operating the Department within a management system that is appropriate to the scope of its activities and that meets the needs of the Department's customers and accrediting authorities. Management's participation in an annual review of the management system demonstrates this commitment and allows opportunities for improvement to be identified and acted upon.
- 1.2 This document describes the procedure for the periodic review of the management system.

2 Procedure

- 2.1 Each calendar year, the DNA Technical Leaders and Quality Manager evaluate/review the following management system activities covering the time period subsequent to the previous year's management system review.
 - 2.1.1 The suitability of the quality principles statement and overall objectives;
 - 2.1.2 The suitability of the management system manual and training manual;
 - 2.1.3 Reports from managerial and supervisory personnel;
 - 2.1.4 Changes in internal or external issues that impact the laboratory;
 - 2.1.5 Action items from the previous management review (if applicable)
 - 2.1.6 The outcome of internal audits;
 - 2.1.7 Corrective actions
 - 2.1.8 Preventive actions;
 - 2.1.9 Assessments and/or audits by external bodies;
 - 2.1.10 Changes in the volume or type of work
 - 2.1.11 Customer feedback;
 - 2.1.12 Complaints;
 - 2.1.13 Implemented improvements;

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- 2.1.14 Adequacy of resources and staff training;
- 2.1.15 Results of risk assessment
- 2.1.16 Quality control activities (such as validity of results);
- 2.1.17 The results of inter-laboratory comparisons or proficiency tests;
- 2.1.18 Validation of analytical procedures;
- 2.1.19 Safety program
- 2.2 The DNA Technical Leaders and Quality Manager may delegate portions of the evaluations/reviews to other staff.
- 2.3 The results of the evaluations/review are compiled into a written report by the DNA Technical Leaders and Quality Manager. The target date for completion of the report is February 15 of the subsequent year. This allows for all metrics of the previous year to be collated and evaluated.
 - 2.3.1 The report should include critical assessments with respect to whether the information indicates that changes are needed in any aspect of the Department's management system.
 - 2.3.2 The written report will be disseminated to the Department's managers either electronically (via email) or in hardcopy. The DNA Technical Leaders and Quality Manager will schedule a meeting of the Department's managers to discuss the contents of the report and what its conclusions mean with respect to (a) the suitability and effectiveness of the management system and (b) whether changes or improvements are needed. In lieu of a meeting, the written report may be discussed by the Department's managers via email. The review of the report by Department's managers should take place within one month of management's receipt of the report.
- 2.4 When applicable, follow up actions are developed to address needed changes or improvements to the management system.
 - 2.4.1 The Director assigns the follow up actions to specific personnel and specifies the timelines for their progress.
 - 2.4.2 The progress of action items may be tracked during regularly scheduled management meetings and documented in the meeting minutes. The Quality Manager documents the completion of action items.
- 2.5 Documentation of Management System Reviews is treated as Quality Control records, and is maintained in accordance with the CONTROL OF RECORDS procedure.

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- 2.6 **Note:** Changes and improvements to the management system need not be limited to this annual review. Feedback from any of the activities listed in **Section 2.1** may indicate the need for expedited changes or improvements to the management system.