



**INTERPOL  
STANDING COMMITTEE  
ON  
DISASTER VICTIM IDENTIFICATION**

**QUALITY MANAGEMENT GUIDELINES**

## 1. **INTRODUCTION**

- 1.1 This document should be interpreted as guidelines, and not to supersede, replace, or override local jurisdictions policy or practice.
- 1.2 It is understood that for a particular DVI incident, a number of different organizations could be expected to participate in the investigation. While it is not necessary for all these organizations to operate under the one management system; each should develop a management system that is in line with these guidelines and that is appropriate for the range of disciplines, the activities conducted and conclusions given.
- 1.3 This document is applicable to all jurisdictions providing a DVI function including dedicated DVI teams, part-time DVI teams and teams convened on an incident-by-incident basis.
- 1.4 These guidelines are applicable to those organizations that perform activities as part of the DVI process. This includes the Lead Agency and the organization/s that carry out the following functions in support of the DVI process:

### **Scene Operation**

- Incident scene examination and recording
- Recovery and management of evidence
- Recovery and management of human remains
- Management of documents and information

### **Post Mortem (PM) Operation**

- Receipt and management of human remains at the mortuary
- Forensic pathology
- Forensic odontology
- Fingerprint examination
- Radiography
- Forensic anthropology
- Physical examination
- Recovery and management of evidence and property
- Collection of DNA samples

### **DVI Ante mortem (AM) Operations**

- Communication with next of kin
- Information collection
- Collection and management of evidence and property
- Collection of DNA samples
- Management of documents and information

### **Reconciliation**

- Management of documents and information
- Comparison/evaluation of AM and PM data including DNA analysis
- Victim identification
- Victim identification reporting

- 1.5 It is understood that particular organizations may use contract personnel for particular disciplines. Such personnel need to comply with the requirements of the DVI management system of the organization to which they are contracted.

## 2. **TERMS AND DEFINITIONS**

<b>Jurisdiction</b>	<i>A country, state or territory providing DVI</i>
<b>Lead agency</b>	<i>The organization responsible for the investigation of the DVI incident</i>
<b>Organization</b>	<i>An agency, group or functional area providing a DVI activity</i>
<b>Phase</b>	<i>DVI comprises a number of separate but related phases, the scene, AM information collection, PM information collection, reconciliation and operational debrief</i>
<b>Discipline</b>	<i>An activity performed by an organization within the DVI process</i>
<b>AM</b>	<i>Ante Mortem</i>
<b>PM</b>	<i>Post Mortem</i>
<b>DNA</b>	<i>Deoxyribonucleic acid</i>

## 3. **MANAGEMENT REQUIREMENTS**

### 3.1 **Organization**

- 3.1.1 The type and extent of the DVI service provided by an organization needs to be defined and documented. This could be in the form of a capability statement.
- 3.1.2 It is important that command/management and supervisory positions within an organization during a DVI operation are clearly defined and documented.
- a) Individuals in these positions need to have authority commensurate with their responsibilities.
- 3.1.3 Each subordinate should be accountable to only one immediate supervisor.
- 3.1.4 Roles and responsibilities for each DVI position should be documented.
- a) Individuals in these positions need to have a clear understanding of their roles and responsibilities.
- 3.1.5 Appropriate supervision should be provided to all personnel during a DVI operation.
- 3.1.6 Clear vertical, horizontal and diagonal channels of communication need to exist within the DVI organization during the DVI operation.
- 3.1.7 Effective communication ought to exist between the DVI Command and the separate DVI organizations and disciplines during the DVI operation.
- 3.1.8 At the jurisdictional level, the DVI Commander or delegate, should ensure that each organization participating in the DVI process has in place a management system that is in line with the requirements of this document.
- a) Where an organization that participates in the DVI process has not established a DVI management system the DVI Commander needs to communicate with the management of the organization to ensure that the functions carried out during a DVI operation meet the required standard.

## **3.2 Quality Manual**

3.2.1 To ensure that all personnel understand what the expectations are and what is required of them, the DVI management system should be documented in a quality manual (or equivalent). The document needs to clearly define the policies and objectives underpinning the DVI management system.

## **3.3 Management of System**

3.3.1 A member of the DVI organization should be delegated the responsibility for the management of the DVI management system. This may involve the appointment of a quality manager, or if the size or operation of the organization does not justify a full time position, the nomination of an officer who will perform the required role on a part time basis.

3.3.2 The quality manager or nominated officer is responsible for co-ordinating the maintenance of the management system. This may include, but is not limited to:-

- maintaining the quality manual and associated documentation
- monitoring the DVI operations of the organization to verify compliance with procedures and practices
- reviewing DVI practices, procedures, operations and recommend necessary changes
- ensuring the validation of new technical procedures
- investigation of technical and procedural problems and making recommendations for remedial action
- where required, administering the proficiency testing for affected DVI personnel, including the evaluation of results
- the coordination and evaluation of internal audits and system reviews
- ensuring training records of DVI personnel are maintained
- recommending training to improve the skills of DVI personnel
- review of feedback from customers
- recommending changes and improvements to the DVI management system

## **3.4 Document Control**

3.4.1 The DVI organization should establish and maintain procedures to control all documents that form part of its DVI management system. These include those documents generated internally or from external sources. Examples of these documents include plans, regulations, standards, policy statements, procedures, methods, instruction manuals, software programs, relevant text books etc.

3.4.2 All documents issued to personnel in the DVI organization as part of the DVI management system e.g. policies and procedures, should be reviewed and approved for use.

3.4.3 A master list identifying the current revision status and distribution of documents in the DVI management system should be established and maintained.

3.4.4 All internally generated documents within the DVI management system should be uniquely marked including, the date of issue and or revision, page numbering, total number of pages or signification of the end of the document, and the issuing/approval authority.

3.4.5 Changes to documents should undergo a formal review and approval process. The revised document needs to be issued as soon as practical.

- a) It is important that obsolete documents (or parts of documents eg individual procedures) are marked as such and withdrawn from use.
- b) Obsolete documents are to be maintained in conformance with local archiving requirements.

3.4.6 A record should be maintained of all changes effected to documents.

### **3.5 Subcontracting**

3.5.1 When an organization contracts DVI services, normally performed by the organization, whether because of unforeseen circumstances or on a continuing basis, the services need to be placed with a competent contractor. A competent contractor is one who complies with the organization's DVI management system for the work to be undertaken. If the work is contracted to an organization such as a forensic science laboratory, the laboratory should be accredited under an approved forensic science accreditation program.

3.5.2 The DVI organization should keep a register of all subcontractors used.

3.5.3 Where organizations use subcontracted personnel (e.g. forensic odontologists), such personnel need to comply with the requirements of the DVI management system of the subcontracting (i.e. requesting) organization.

### **3.6 Purchasing Services and Supplies**

3.6.1 A record of service providers, suppliers and their contact details should be maintained.

3.6.2 The organization needs to ensure that purchased supplies that affect the quality of the DVI process are adequate and or comply with specifications.

### **3.7 Service to Customers**

3.7.1 It is important for the DVI organization to have policies and procedures for the effective communication with interested parties. This should include monitoring the level of customer satisfaction. Issues applicable to DVI may include but are not limited to:

- Contact and liaison with relatives of victims
- Access to incident site by relatives of victims
- Provision of counselling service to relatives of victims
- Liaison with the media
- Liaison with investigators
- Liaison with members of parliament and government departments
- Religious and cultural requests
- Provision of family liaison officers (FLO)
- Access to records and exhibits by interested parties or their representatives
- Liaison with embassies
- Liaison with external police organizations
- Liaison with airline industry
- Liaison with INTERPOL
- Liaison with government departments
- Independent analysis of samples and or exhibits

### **3.8 Complaints**

3.8.1 It is important for the organization to have procedures for the investigation and resolution of complaints.

3.8.2 Records should be maintained of all complaints, their investigation and any actions taken.

### **3.9 Corrective Action**

3.9.1 The organization needs to establish policies and procedures for implementing corrective action when departures from the policies and procedures in the DVI management system or technical operations have been identified.

- a) Where a problem is identified an investigation needs to be implemented by the organization to determine the cause of the problem.
- b) Where the investigation indicates that corrective action is necessary to remedy the situation, the action(s) implemented should be the most appropriate to eliminate and prevent a recurrence of the situation. The corrective action taken should fit the magnitude and risk of the problem.
- c) Any changes implemented as a result of corrective action investigations should be documented.

3.9.2 Recommendations for corrective action may be generated through:

- Internal audits and reviews
- Customer / interested party feedback
- Complaints
- Quality control data
- Administration and technical reviews of case files
- Proficiency testing
- Operational debriefs
- Coronial inquests (for those countries that have a coronial system)

3.9.3 The quality manager or nominated officer should be responsible for co-ordinating the corrective action system.

### **3.10 Preventive Action**

3.10.1 The organization should have procedures in place to identify improvement opportunities proactively rather than in reaction to the identification of problems or from a complaint. The system should make provision for staff contribution and input into improvements of the organization's DVI management system.

### **3.11 Control of Records**

3.11.1 The DVI organization needs to establish and maintain procedures to control all records that relate to DVI operations or its DVI management system. This includes the identification, filing, storage, maintenance and disposal of records. Records falling within the categories include, case records, audit and review records, complaints, staff training records, proficiency testing records, corrective action reports, equipment maintenance.

Note: Records may be in any media, such as hard copy or electronic media.

### **3.12 Case Records**

3.12.1 Case records include all examination/analytical and administration records generated by an organization for a particular DVI case.

3.12.2 All records in relation to deceased persons, human remains and missing persons need to be linked and traceable.

- a) Each body or human remain will be allocated a unique DVI number at the incident site. This is the principal identifier. Should additional identifiers be used, for example, mortuary reference numbers, deceased's property, or biological samples, these should be cross-referenced to the principal identifier.
- b) The principal identifier for a missing person will be their full name and date of birth. Should additional identifiers be used, for example a missing person number, ante mortem file number, missing person's property, biological samples, these should be cross-referenced to the principal identifier.

3.12.3 Records supporting conclusions should be retained. It is important that records required to support the conclusions are such that in the absence of the original examiner, another competent examiner or supervisor could evaluate what was done and interpret the data.

3.12.4 All records should include the identity of the person making the record.

3.12.5 Since case notes and records of conclusions may be the subject of court action and or subpoena, they should be recorded in a permanent manner. Handwritten notes should be in ink and not pencil, although scene diagrams or sketches may be in pencil.

3.12.6 Any alterations and or additions to a case record ought to be recorded. This includes the name or initials of the person altering or adding to the record and the date.

### **3.13 DVI Case Files**

3.13.1 The DVI case file should incorporate all documentation relating to the DVI incident including phase 1 (scene investigation), phase 2 (post mortem information collection), phase 3 (ante mortem information collection) and phase 4 (reconciliation) records.

3.13.2 The DVI case file should be allocated a unique DVI case number or case name.

3.13.3 Details of the contents of the case file should be included in the case file.

3.13.4 Documents within a case file should be paginated using a numbering system, which indicates the total number of pages within the file.

3.13.5 Each page in the case file should bear the DVI case number or case name.

3.13.6 Copies of reports submitted by the specialist identification areas (e.g. forensic odontology, fingerprints, DNA) supporting identifications should be retained with the case file.

3.13.7 Documents relating to the identification of a particular deceased person i.e. Ante mortem and corresponding Post Mortem DVI forms, identification reports, photographs, radiographs etc may be kept within the case file in individual envelopes or sachets. A description of the contents of each envelope or sachet, together with the total number of pages or items needs to be included in the file and the envelope or sachet should be paginated.

3.13.8 DVI case file retention times will be in line with jurisdictional legislative requirements.

3.13.9 The completed case file needs to be stored in a designated, secure location.

### **3.14 Internal Audits**

3.14.1 The organization should conduct internal audits of the DVI activities annually to ensure that operations continue to comply with the DVI management system. The review needs to cover both

the technical and managerial aspects of the operation and cover all elements of the DVI management system.

3.14.2 Internal audits need to be performed by trained and suitably qualified personnel for the specific activity. Where possible the auditors should be independent of the activity to be audited.

3.14.3 When an audit identifies deficiencies in operations or in the correctness or validity of the test/examination results or the conclusions drawn, the DVI organization should take immediate action to correct the situation. The DVI Commander and Coroner (for those countries that have a coronial system) should be notified immediately where the investigations show that identifications may have been compromised.

3.14.4 A record should be kept by the organization on the area of activity audited, the audit findings and any corrective actions recommended.

3.14.5 A follow up audit may be conducted where corrective actions have been undertaken to ensure implementation and effectiveness of action taken.

### **3.15 Management Review**

3.15.1 The DVI organization should be reviewed annually by its executive management to evaluate the organization's DVI management system and activities to ensure suitability and effectiveness and to introduce any changes or improvements. The finding from the review and any action recommended should be recorded. The review may include the evaluation of the following:

- Suitability of policies and procedures
- Managerial and supervisory reports
- Outcomes of internal audits
- Corrective and preventive actions taken
- Proficiency test results
- Changes in the type and flow of work
- Customer feedback and complaints
- Staff training
- Resources

## **4.0 TECHNICAL REQUIREMENTS**

### **4.1 Personnel**

4.1.1 Organizations involved in the DVI process need to ensure the competence of all those operating within the separate phases of the DVI process.

- a) All personnel involved in the DVI process should have appropriate education, training, experience and or demonstrated skills for their specific area of involvement.
- b) When using staff in training, appropriate supervision needs to be provided.

4.1.2 The DVI Commander should be a senior police officer with relevant scientific or emergency management qualifications and or experience. The officer also needs to be experienced in command, control and coordination arrangements.

4.1.3 The coordinators for each of the DVI phases should be individuals with knowledge and experience in the respective area and with the ability to coordinate and manage that phase of the DVI operation.



- 4.1.4 The team leaders of the specialist sections in the identification process i.e. fingerprints, forensic odontology, medical, physical and molecular biology should be senior practitioners from the discipline with extensive experience in forensic examinations, comparisons and technical reviews.
- 4.1.5 Personnel of specialist sections that provide opinions or conclusions which can independently lead to the identification of a deceased i.e. fingerprints, forensic odontology, medical and molecular biology, should be authorized by their respective organization to provide those opinions or conclusions. The authorizations should be in writing and retained by the organization.
- 4.1.6 Organizations need to ensure that appropriate training programs are in place and documented for each of the functional areas associated with DVI.
- 4.1.7 Training records should be maintained for all DVI personnel. These may include:
- relevant academic qualifications
  - relevant training courses attended, internal and external
  - conferences, seminars, workshops attended
- 4.1.8 Where contracted or additional staff, from outside the organization, are engaged to assist in a particular DVI function or activity e.g. interstate or international odontologists, the organization needs to ensure that such personnel are supervised and competent and that they work in accordance with the management system.

## **4.2 Accommodation and Environmental Conditions**

- 4.2.1 For those DVI phases where operations are conducted within a laboratory or office environment, the following issues should be addressed:
- Each officer should have adequate space.
  - Where possible there needs to be a clear delineation of areas used for laboratory and clerical functions.
  - Adequate space should be available for equipment and tools.
  - Adequate space should be available for records etc.
  - Adequate lighting needs to be available.
  - The physical design of areas should facilitate free flow of work.
  - Bench and floor spaces should be appropriate for the work performed.
  - The temperature and ventilation needs to be adequate to suit the circumstances.
  - Physical separation between low-level and high-level tasks, e.g. DNA analysis.
- 4.2.2 Storage areas for human remains, evidence and property need to be secure to prevent theft or interference and there should be limited, controlled access. The storage conditions should be such as to prevent loss, deterioration and contamination and to maintain the integrity of and identity of the evidence. This applies to both before and after examinations have been performed.
- 4.2.3 Access to all operational areas relating to a DVI incident should be restricted to authorized personnel and controlled. A record should be retained of all unauthorized personnel visiting operational areas.

### Health Safety and Welfare

- 4.2.4 The DVI organization's occupational health safety and welfare program should be documented and be readily available to all effected staff. The document may be dedicated specifically for DVI or the DVI role may form part of an overall manual utilized by an overarching group.
- 4.2.5 The organization is to ensure that policies and procedures relating to safety conform to relevant jurisdictional occupational, health and safety provisions.

- 4.2.6 Appropriate personal protective equipment (PPE) needs to be provided by the organization and worn by relevant DVI personnel.
- 4.2.7 First aid kits need to be provided.
- 4.2.8 Annual health and safety audits should be conducted by the organization to ensure conformance with requirements.
- a) Where an audit identifies departures from policies and procedures appropriate corrective action procedures need to be implemented.
- b) A record of all safety audits should be maintained by the DVI organization.

### **4.3 Procedures and Methods**

- 4.3.1 Each organization within the DVI process must have documented operational procedures.
- 4.3.2 The overall response procedures for the individual phases should be based on the Interpol DVI Guide and any jurisdiction manual.
- 4.3.3 The individual procedures and methods used by the separate disciplines should conform to those which are generally accepted within the respective field e.g. forensic and medical science, and are supported by accepted literature or data.
- 4.3.4 Departures from standard procedures and methods may be required in certain circumstances. Any such variations should be justified, validated and documented in the DVI case notes. Such departures should be approved by the respective phase coordinator or where necessary, by the DVI Commander.
- 4.3.5 All documents that describe procedures and methods should include in addition to a description of the key steps, the following information where appropriate:
- OH&S considerations including any warnings, safe handling and PPE issues
  - Equipment required including special consumables
  - Precautions, possible sources of error or limitations of a procedure or method
  - Criteria that specifies when results, observations and conclusions should be rejected
  - How observations and data should be recorded, analyzed and presented including the preparation of court statement
  - Literature references when appropriate
  - Quality assurance measures

#### Selection of Procedures and Methods

- 4.3.6 Examination and test procedures used by the DVI organization should be generally well accepted within the forensic and medical science fields. The principal factor behind the selection of a method is that the method is demonstrably capable of producing valid results.
- 4.3.7 Where a procedure indicates that a test can be performed by more than one method, there should be documented criteria for method selection.
- 4.3.8 Wherever possible, non-destructive tests should be used. Should a destructive test be necessary the procedures need to ensure that as much material as possible is retained from the original test should a reanalysis be required.

4.3.9 It is recognized that more than one acceptable method may exist to accomplish a particular task or examination. Due to the considerable variation that exists within DVI incidents involving scene operations, practitioners need to be able to use professional judgment in choosing the method most appropriate to the situation at hand. Where variations in methods do occur, a notation of the deviation should be made in the officer's DVI case notes.

4.3.10 The decision about which procedures should be used at the incident site is to be made by the team leader in consultation with the DVI site coordinator.

#### Method Validation (Scientific)

4.3.11 Method validation within DVI means that procedures or methods are either documented in forensic/medical/dental or other recognised literature and or otherwise tested by the DVI organization to confirm the reliability of results. The validation process should identify the critical aspects of the procedure that need to be carefully controlled and monitored.

4.3.12 Methods within DVI that need to be validated include:

- Non standard methods
- Laboratory designed and developed methods
- Standard methods used outside their intended scope
- Methods where there is a significant modification to a standard method

4.3.13 The extent to which a method requires evaluation prior to implementation during a DVI incident does require professional judgment and it will ultimately be the decision of the DVI Commander in consultation with relevant discipline managers/coordinators. The extent of the validation required will be dependent on meeting the needs of the given application. In general, acceptance of a new method or a modified method based on a literature report may not be sufficient, further internal validation may be required by the organization.

4.3.14 All validated methods developed by a DVI organization should initially be reviewed by the relevant discipline manager/coordinator. The organization's management should be the authorizing authority for all methods used.

4.3.15 The proper design of a validation study will be dependent on understanding the theoretical basis for the method which facilitates assessing the specificity and limitations of the method and identifying possible sources of error.

4.3.16 All new methods should be tested using known samples and standard reference materials, including comparison with established methods.

4.3.17 A record should be made of the validation results and validation techniques used.

#### Standards and Reagents

4.3.18 Where applicable, commercial and locally prepared reagents need to be of sufficient quality to ensure accuracy of procedure and should be maintained to guard against deterioration.

4.3.19 An inventory of materials should be maintained by the organization.

4.3.20 Reagents should be labelled with:

- name of the reagent
- concentration, where appropriate
- preparation date
- expiration date (where appropriate)
- identity of the preparer
- hazard warning, where appropriate

#### Control of Data

4.3.21 Where calculations or data transfer occur through a process that does not form part of a validated electronic procedure, they should then be validated by a second suitably qualified person. The independent verification should be recorded in the case file.

4.3.22 Software packages used within the organization that form part of the test result process and which may be used in legal proceedings should be suitably validated. The validation may be performed by the supplier prior to purchase. In such cases, a certificate is required from the supplier ensuring compliance with the relevant national or international standard. Where validation is performed by the supplier the process should be conducted by the organization following national or international guidelines.

4.3.23 The validation of software used in a laboratory procedure should form part of the overall method/procedure validation process.

#### **4.4 Equipment**

4.4.1 The organization should maintain a range of equipment and instruments appropriate to the DVI activities undertaken. Where equipment outside the organization's permanent control is used, the requirements of this section need to be met.

4.4.2 Records of each item of equipment should be maintained. This includes:

- identity of the item of equipment
- manufacturer's name, type identification, and serial number or other identification
- current location, where appropriate
- manufacturer's instructions
- maintenance plan
- maintenance, service and repair records

4.4.3 The organization should have procedures for the safe handling, transport, storage, use and maintenance of equipment to ensure proper functioning, and in order to prevent contamination and deterioration.

#### **4.5 Calibration of Equipment**

4.5.1 All equipment used by the DVI organization for conducting tests should be capable of achieving the level of accuracy and reliability required. Organizations should determine the accuracy and precision requirements for each item of equipment and set an equipment calibration/verification program (including a schedule) accordingly.

4.5.2 Instruments and/or equipment used for critical measurements in the DVI process need to be calibrated. Calibrations should be traceable to the International System of Units.

4.5.3 Calibration procedures should be documented.

4.5.4 When intermediate checks are needed to maintain confidence in the calibration status of equipment, these checks should be carried out according to a documented procedure.

4.5.5 Calibration records and records of intermediate checks should be maintained by the organization.

#### **4.6 Evidence Management/Exhibit Control**

4.6.1 The organization should have a documented evidence management system. This system should include procedures for the collection, receipt, handling, protection and storage of items/evidence.

4.6.2 Policies and procedures should be in place for the retention and disposal of exhibits following the completion of the examination and/or testing.

4.6.3 The organization should have procedures and appropriate facilities to guard against loss, contamination, interference or deterioration of samples and/or exhibits.

4.6.4 The organization should ensure that a 'chain of custody' record, detailing from receipt to disposal, is maintained.

4.6.5 Each individual item of evidence should be marked with a unique identifier. This number should be cross-referenced to a DVI number, name of Missing Person, and the DVI case number or DVI case name.

#### **4.7 Quality Control**

4.7.1 Each phase of the DVI operation needs to incorporate quality control strategies.

4.7.2 Where work is carried out by individuals or groups outside the control of the DVI organization e.g. the completion of Ante Mortem DVI forms by police in country locations, appropriate quality control procedures need to be established to ensure the work meets the required standard.

4.7.3 Quality control procedures need to be utilised by the respective DVI disciplines when opinions are offered which are critical to the identification process. The control processes used need to be appropriate to the type of examination or test conducted. The range of control procedures that might be considered are:-

- Peer review of analysis/results by an independent analyst
- Replicate testing/examination
- Repeat analysis /examination using alternate method.

4.7.4 It is the responsibility of the respective discipline co-ordinator to ensure that appropriate quality control measures are undertaken in the identification process. Case notes should contain the control measures undertaken and the results of such action.

#### **4.8 Proficiency Testing**

4.8.1 Proficiency tests comprising internal tests developed by the organization and tests from external providers are used to monitor the capability of individual examiners and the overall performance of the organization within the disciplines of expertise provided.

4.8.2 Organizations within the DVI process which provide opinions or conclusions which can lead to the identification of a deceased and which do not necessarily require supporting evidence from another DVI discipline i.e. fingerprint identification, forensic odontology and DNA, should, where available, participate in an appropriate external proficiency testing program. Internal proficiency tests developed by the organization should also be used to assess the competence of individual analysts.

4.8.3 Each analyst/examiner who offers conclusions or opinions which can lead to the identification of a deceased, and which do not necessarily require supporting evidence from another DVI discipline i.e. fingerprint identification, forensic odontology and DNA, should complete either one external or one internal proficiency test each year.

4.8.4 Organizations participating in proficiency testing programs should ensure that a formal proficiency review process is in place and that appropriate action in line with international standards is taken to rectify deficiencies identified in the organizations process and or the competence of an individual.

#### **4.9 Court Testimony Monitoring**

4.9.1 The presentation of evidence at courts or inquiries is an important aspect of the DVI process and an important component of the analysts overall role. All officers who are required to give evidence in DVI investigations/inquiries should have their court testimony monitored at least once per year. Where due to the lack of appropriate case work an officer does not have the opportunity to present evidence before a court in any given year, efforts should be taken to ensure that the officer's evidence is monitored at the next available opportunity.

#### **4.10 Reports**

4.10.1 Written reports/statements should be submitted by the individual DVI disciplines where the information is used to support the identification of a deceased. Reports/statements submitted are to conform to local administrative and evidence act requirements. In circumstances where a formal statement is not applicable a report/certificate may be produced. Information in the statement/certificate should include:-

- A title indicating the incident and a unique identifier, e.g. DVI number, body/body part number, sample number on each page.
- The date the report is issued.
- Full name of the case officer.
- Relevant qualifications and experience of the case officer.
- Description of item examined.
- Date the item came into the possession of the case officer and when the item was examined.
- Details of the examination or tests conducted.
- Results and or opinion of the case officer.
- Signature of the case officer on each page.

4.10.2 Statements/certificates should be peer reviewed by a suitably qualified person from that particular discipline prior to release.

#### **4.11 Case Record Review (Technical)**

4.11.1 Technical reviews are conducted to ensure that the conclusions and or opinions offered fall within an acceptable range and are supported by sufficient and appropriate scientific data and information within the case file.

4.11.2 The discipline coordinator, or nominated qualified officer, from each of the DVI identification areas should conduct a technical review of reports, statements and certificates supporting identifications prior to submission to the Identification File Section for inclusion in the case file.

4.11.3 The DVI Commander should conduct a technical review of the completed DVI case file prior to submission to the Coroner (for those countries that have a coronial system) and or filing.

4.11.4A technical review should ensure that:-

- The examination and or analyses is based on sound methodology for the particular discipline under review.
- The results of any calculations are correct.
- The work carried out in formulating the conclusions was thorough.
- All appropriate control procedures have been used.
- The information from field or case notes has been accurately reproduced in the report, statement or certificate.
- Opinions and or conclusions expressed by the officer are commensurate with the officer's knowledge and experience.
- Opinions and or conclusions reported are supported by relevant evidence and data in the case notes.

4.11.5 Discrepancies identified in the review process which require rectifying should be actioned by the responsible officer.

#### **4.12 Case Record Review (Administrative)**

4.12.1 An administrative review should be conducted of all DVI case folders at the time of completion prior to presentation to submission to the Coroner (for those countries that have a coronial system) and or filing. The review may be conducted by someone independent to the incident with a sound knowledge of the DVI process and should ensure the following:-

- All relevant material is contained in the case file.
- The documentation within the file meets all administrative requirements of the organization including case file numbering, relevant names, DVI references and page pagination.
- The Interpol DVI AM (yellow) and PM (pink) for all the deceased are contained in the file and that the information in the documents is relevant and appropriate to the incident.
- The format, written expression and overall quality of the information within the case file meet jurisdictional requirements.
- All documents listed in the contents page of the case file are attached.