

# **Office of the District Attorney Crime Laboratory Access Card and Biometric Fingerprint Systems**

## **Annual Surveillance Report for July 1, 2022 – June 30, 2023**

### **Section 1: Description of How the Technology Was Used**

Lenel access cards and BioScript biometric fingerprint readers were used by Crime Lab and other authorized County employees to access (and restrict access) to the various and specific areas of the Crime Lab building. Each transaction was recorded according to the Surveillance Use Policy. During the reporting period, the Facility Manager accessed the system on multiple occasions in the normal course of conducting business: to provide, modify, remove, or verify building and area access; to verify appropriate access levels; to scan and store fingerprints for biometric fingerprint reader access; and to identify if access points are functioning properly. The transaction log was also reviewed on several occasions to verify if a member of the Facilities and Fleet Department (FAF) was present and working in the building.

### **Section 2: Data Sharing with Outside Entities**

In the reporting period, no data within either the Lenel or BioScript access systems were shared with any entity outside of the District Attorney's Office or FAF's Information Technology Unit.

### **Section 3: Community Complaints or Concerns about the Technology**

The Crime Lab has a procedure for receiving and dispositioning complaints from any source. No complaints or concerns about the Crime Lab's access card and biometric fingerprint systems were received in the reporting period.

### **Section 4: Audits/Policy Violations**

While FAF oversees the Crime Lab's access card and biometric fingerprint reader systems, the Facility Manager has administrative authority to set and change access levels, with approval from the Crime Lab Director. The Facility Manager and Crime Lab Director are responsible for compliance with the Surveillance Use Policy, which is shared with all Crime Lab employees. The Crime Lab Director re-shares the Policy annually. There were no identified policy violations in the reporting period.

### **Section 5: Effectiveness of Achieving Identified Purpose**

The access card and fingerprint reader systems were generally effective at achieving the identified purpose in the reporting period. However, on November 9, 2022, an employee left an external door ajar, and an intruder entered the building, gaining access to areas on the fourth and first floors of the Crime Lab (detailed in Quality Improvement Request ID 23750, attached). As a

result of this intrusion, staff were advised to ensure external doors close behind them, and the door in question was marked for emergency use only. In addition, a key card reader was installed at the entrance door in the fourth-floor front stairwell, where the intruder gained access to the fourth-floor, and a key card reader was installed at the first-floor door leading from the bottom of the rear stairwell to the first-floor corridor, where the intruder gained access to the first-floor.

#### **Section 6: Public Records Act Requests**

All Public Record Act Requests received by the District Attorney's Office, including the Crime Lab, are handled by members of the District Attorney's Office. No Public Record Act Requests pertaining to the Crime Lab's access card and fingerprint reader systems were submitted in the reporting period.

#### **Section 7: Costs Incurred from July 1, 2023 – June 30, 2023**

The cost of installing the two new key card readers was \$5,527. Apart from that, the only other costs are for the electricity to power the Lenel or BioScript access systems, and a small cost associated with generating new or replacement access cards.

# Santa Clara County District Attorney's Crime Laboratory

## Quality Improvement Request



ID 23750

**Current Step is** Close

**Initiated by** Ian Fitch

**Submit QIR by** Ian Fitch on 11/14/2022 2:38:30 PM

**Submit Risk Evaluation by** Ian Fitch on 11/15/2022 6:57:58 AM

**Submit RCA/ Corrective Action for Review by** Ian Fitch on 12/13/2022 10:31:01 AM

**Submit for Approvals by** Aisling Kelly on 12/13/2022 1:01:01 PM

**Supervisor Approved by** Ian Fitch on 12/13/2022 1:30:13 PM

**Assistant Laboratory Director Approved by** Lisa Stenback on 12/15/2022 1:51:35 PM

**Laboratory Director Approved by** Ian Fitch on 12/15/2022 2:13:43 PM

**Quality Manager Approved by** Aisling Kelly on 12/16/2022 9:50:46 AM

**Expiration Transition by** Workflow Expirer on 6/1/2023 7:00:31 AM

**Monitoring Completed by** Ian Fitch on 6/12/2023 7:54:01 AM

**Monitoring Review Complete by** Aisling Kelly on 6/14/2023 9:27:19 AM

**Close**

**QIR**

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## Request Details

### QIR Source

*Where was the potential problem or opportunity for improvement identified?*

Process Monitoring

### QIR Request Type

*Indicate the type of issue identified/request you would like to sent to QA/Upper Management for review*

Other Quality Related Issue Identified

### QIR Disciplines(s)/Department(s)

*Select the discipline(s)/department(s) associated with this request; to select more than one press Ctrl.*

Administration

### QIR Date Identified

*Enter date of precipitating event or realization here.*

11/10/2022

### QIR Description

On 11/9/2022, an employee left the front first-floor external stairwell door ajar and an intruder entered the building, gaining access to some areas on the fourth and first floors of the building. Security camera footage demonstrated that they entered at 7:07 pm after criminalist 1 left the door ajar after leaving at around 6:40 pm. Footage of the intruder entering showed they were wearing a hooded sweatshirt with the hood down, and they had a backpack on. They then left through the main front door of the building at 8:53 pm. Footage of them leaving shows them wearing a jacket over the sweatshirt with the hood up, wearing a surgical mask and disposable gloves. They still had a backpack on, which appeared fuller than when they entered, and they were carrying a disposable grocery bag.

Sonitrol called at 7:09 pm to report an intrusion alarm from the same door. Note: the perimeter alarm

system arms at 7:01 pm, which is why the alarm didn't go off when criminalist 1 left. The Assistant Lab Director located criminalist 2, still in the building, at 7:15 pm and criminalist 2 immediately responded and closed the door. Criminalist 2 did not encounter the intruder at that time.

Criminalist 3 unknowingly encountered the intruder in the fourth-floor women's bathroom around 7:20 pm. They observed someone in a stall with a backpack. They asked if anyone was in there, and the intruder responded "yes, ma'am". Criminalist 3 took no further action, assuming the person was an employee.

On Wednesday morning, a broken drug paraphernalia pipe was found in the fourth-floor women's bathroom by a janitor. An empty coke can was found hanging from a pipe between the second and third floors in the rear stairwell. Assuming the intruder went up the front stairwell and down the rear stairwell, it is inferred the intruder had access to fourth-floor corridors, bathrooms, criminalist cubicles, any unlocked supervisor offices, and mailboxes, and to first-floor corridors, janitor room, break room, training room, and bathrooms.

### QIR Date Completed

*Select the date all measures discussed were finalized.*

12/13/2022

### QIR Impacted Case(s)

*List any impacted case number(s) and supplements(s); if not applicable, type "n/a"*

| Case Number | Case Supplement(s) |
|-------------|--------------------|
|             |                    |

### QIR

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## Risk Evaluation

*The responsible parties for the Risk Evaluation step are the Quality Manager, the Laboratory Director, and the Assistant Laboratory Director.*

### QIR Type of Risk

Risk to Interested parties

Risk to Safety

### QIR Risk Assessment

*Describe the Consequences and/or Risk.*

- 1.Criminalists 1-3, or anyone else in the building, could have encountered the intruder up close and personal in the lab. This could have led to a confrontation and had dire consequences.
- 2.The intruder had access to personal items in DNA cubicles and unlocked offices which could have been tampered with or stolen.
- 3.The intruder had access to casework material in progress, and other work-related records in cubicles, unlocked offices, and mailboxes. This potentially violates customer confidentiality with regards to sensitive material. The intruder could have stolen or sabotaged casework and other work-related records.
- 4.The intruder had access to phones, computers, and other electronics. The intruder could have stolen or sabotaged such items.
- 5.The intruder had access to the fourth-floor and first-floor refrigerators, and the intruder could have stolen or sabotaged food.

Known impact:

1. It is presumed the intruder picked-up the surgical mask and disposable gloves from somewhere in the building. Just before they exited the building, they were observed on security camera footage taking a doorstop and pen from the lobby.
2. On 11/10/2022, an employee reported that a container of skin lotion was missing from the fourth-floor women's bathroom.
3. On 11/10/2022, Criminalist 4 reported that a box in their cubicle appeared to have been disturbed. The

top was open, but nothing was missing.

4. On 11/10/2022, Criminalist 3 reported they found a ball of hair on their keyboard that they threw in the trash before they knew about the intruder.

5. On 11/14/2022, our janitor reported that some lockers in the fourth-floor women's bathroom were open when usually they are closed.

### **QIR Action Taken**

*Address via Risk Mediation or proceed to RCA and Corrective Action; If no action is necessary, select "None" and provide a reason for closing this request in the Risk Assessment box above.*

Corrective Action

### **QIR Personnel Responsible for Risk Mitigation or RCA/Corrective Action**

*Select Appropriate Supervisor or Technical Lead. This party will have the ability to submit the next step for review; if multiple people are selected for this role they each will have the option to move the step forward*

Ian Fitch(538)

**QIR Requested Completion Date** 12/31/2022

### **QIR**

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## **Risk Mitigation**

*This step is completed when the "Action Taken" selected in the Risk Assessment step is Risk Mitigation.*

### **QIR Risk Mitigation**

*Describe the actions taken to address the identified risk or opportunity for improvement*

### **QIR**

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## **Root Cause Analysis**

*This step is completed when the "Action Taken" selected in the Risk Assessment step is Corrective Action.*

### **QIR Root Cause Analysis**

1. There have been ongoing external and internal door latching and HVAC issues stopping doors from closing properly. Despite signs on external doors that read "IMPORTANT! SAFETY & SECURITY CONCERN CLOSE DOOR MANUALLY (Doors are not closing on their own due to HVAC air pressure issues. We are working to resolve the problem but it could take days)", employees still often leave external doors ajar.

2. The front first-floor external stairwell door may not be alarming when left ajar and doesn't alarm until fully opened (see Corrective Action section, below). This means that Sonitrol should have got the alarm at 7:01 pm when the system armed, instead of 7:07 pm when the intruder opened it. This may have provided several minutes more to address the left ajar door such that perhaps it could have been closed before the intruder entered.

3. There is no key card reader on the entrance door in the fourth-floor front stairwell. The original construction did not include one, for reasons that aren't clear. The lack of key card reader in this location has come up in the past, and the idea of adding one was considered, but not followed-through.

4. There is a door in the corridor on the fourth-floor that leads into the DNA unit - administrative areas, but not operational labs. The door was designed with a key card reader to prevent an audible alarm when opened. Without a key card, the door still opens, but goes into audible alarm. Employees often opened the door without first swiping their card causing the audible alarm. Around the time of COVID, the alarm was disarmed, and the door was propped open. It has remained that way ever since. This allowed the intruder to enter the fourth-floor bathrooms, criminalist cubicles, any unlocked supervisor offices, mailboxes, and the rear stairwell without causing an audible alarm. Had the door been closed and alarmed, (i) the intruder would still have had access to cubicles in the library, and to one DNA supervisor's office (that they leave

unlocked), which were not there when the building was originally opened, and (ii) the intruder could still have accessed areas they accessed, but there would have been an audible alarm which may have deterred them and could have alerted criminalist 3 causing a confrontation.

### **QIR Work Stopped?**

No

### **QIR Date Work Stopped**

*If work was stopped, select that date here.*

### **QIR Date Work Resumed**

*If work was stopped, select the date it was resumed here.*

## **QIR**

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## **Corrective Action**

*This step is completed when the "Action Taken" selected in the Risk Assessment step is Corrective Action.*

### **QIR Technical Lead Approval of CA Plan**

(DNA only) Attach documentation that the technical lead reviewed and approved the CA plan prior to implementation.

### **QIR Implementation Date (for CA Plan)**

*The Corrective Action Plan goes into effect on this date and should be monitored until the identified End Date.*

11/10/2022

### **QIR Corrective Action**

*Describe the steps taken to correct the issue and prevent recurrence. The corrective action plan may include but is not limited to, staff review of procedures, remedial training, comprehensive review of work and revision of procedures and forms.*

1. The Materials Supply Specialist (MSS) called Facilities & Fleet (FAF) on 11/10/2022 and asked them to evaluate the front first-floor external stairwell door and latch, and they came out and made some adjustments. The Assistant Lab Director sent an email to All-Staff asking them to only use this door in an emergency. The MSS then placed a barrier in front of the door to remind staff the door was for emergencies only. On 11/14/2022, the Lab Director asked the MSS to place a similar barrier in front of the rear first-floor external door close to the bottom of the rear stairwell on the West side of the building as a reminder that this door also was to be used for emergencies only.
2. The Lab Director emailed all supervisors on 11/14/2022 to ask them to routinely close and lock their office doors when not in use. The DNA corridor door was closed, and the audible alarm was rearmed on 12/6/2022.
3. On 12/1/2022, a key card reader was installed at the entrance door in the fourth-floor front stairwell. A locksmith came out to make necessary adjustments and the key card reader was activated on 12/7/2022.
4. On 12/2/2022, a key card reader was installed at the first-floor door leading from the bottom of the rear stairwell to the first-floor corridor. A locksmith came out to make necessary adjustments and the key card reader was activated on 12/13/2022.
5. On 11/16/2022, the Assistant Lab Director, Facility Manager and Materials Supply Specialist met with a member of Sonitrol who stated that the front first-floor external stairwell door may not be alarming when ajar, and alarms only when the system is armed and the door is open (see Root Cause section, above). They will work with lab management to investigate and resolve the issue further.
6. On 12/1/2022, the Lab Director contacted the County's Facilities Security Manager to report the intrusion incident, and to request that some lab employees be granted remote access to the Crime Lab's security camera system. It is expected that remote access will be granted in the near future.

## QIR

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### Corrective Action Review

*This step is completed when the "Action Taken" selected in the Risk Assessment step is Corrective Action.*

#### QIR Is Customer Notification Needed for this Corrective Action?

No

#### QIR CA Completed?

*Is the RCA/Corrective Action Complete and ready for Approval and Monitoring? If no, complete notes to the responsible party in the text field below. If Rework, is needed a new step will be initiated to rework the Corrective Action (rare; discuss with appropriate parties prior to proceeding with rework.*

Yes

## QIR

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### Approvals

#### QIR Responsible Supervisor

*Some Disciplines have multiple supervisors. For DNA, select the analyst's supervisor here and the DNA TL as the Personnel Responsible; For Toxicology, select the Supervisor in charge of the area impacted by the Request.*

Ian Fitch(538)

#### QIR Approval- Responsible Supervisor

*Do you approve the contents of this workflow? Once approved by all required parties, the record will be closed. If No, add comments detailing needed changes in the text box below and the workflow will be sent back to the responsible party.*

Yes

#### QIR- Approval- Quality Manager

*Do you approve the contents of this workflow? Once approved by all required parties, the record will be closed. If No, add comments detailing needed changes in the text box below and the workflow will be sent back to the responsible party.*

Yes

#### QIR Approval- Assistant Laboratory Director

*Do you approve the contents of this workflow? Once approved by all required parties, the record will be closed. If No, add comments detailing needed changes in the text box below and the workflow will be sent back to the responsible party.*

Yes

#### QIR Approval- Laboratory Director

*Do you approve the contents of this workflow? Once approved by all required parties, the record will be closed. If No, add comments detailing needed changes in the text box below and the workflow will be sent back to the responsible party.*

Yes

## QIR

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### Monitoring For Effectiveness

*This step is completed when the "Action Taken" selected in the Risk Assessment step is Corrective Action, the RCA/CA has been*

completed and approved, and the monitoring date has been reached.

### **QIR Monitoring Date**

*Date workflow will expire to document monitoring the effectiveness of the CA*  
6/13/2022

### **QIR Implementation of Corrective Action Plan- Monitoring Results**

Since the intrusion in question happened, there have been no other similar intrusions. In addition, no employee reported any other impact due to the original intrusion (e.g., realizing later that something was missing).

The Lab Director is aware of only one occasion when an employee exited the front first-floor external stairwell door or the rear first-floor external door in a non-emergency since employees were directed to not do so. Note: barriers that were placed in front of the door after the intrusion incident were removed prior to a Fire Marshal inspection of the building.

The Facility Manager and Lab Director were granted remote access to the Crime Lab's security camera system sometime in the monitoring period.

### **QIR Monitoring Complete?**

*If no, the workflow will kick back to the monitoring step. If yes, the workflow will close.*  
Yes

**QIR Date Monitoring Completed** 6/12/2023

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