



## 2002 CENSUS OF PUBLICLY FUNDED

# FORENSIC CRIME LABORATORIES

U.S. DEPARTMENT OF JUSTICE, BUREAU OF JUSTICE STATISTICS

This census is directed to all Publicly Funded Forensic Crime Laboratories, defined as:

- 1) an entity funded solely by the government or whose parent organization is a government agency; and
- 2) a laboratory which employs one or more full time scientists whose principal function is the examination of physical evidence for law enforcement agencies and that provides reports and testimony to courts of law with respect to such evidence.

The purpose of this survey is to conduct a census of publicly funded crime laboratories in the United States. We need to gather budget, personnel, and workload information from every laboratory. Some laboratories are part of a state or national system. Each laboratory has been sent a copy of this survey with a unique ID number. Even if your laboratory is part of a state or national system, we need information that reflects the resources, personnel, and caseloads of your site only, not that of an entire laboratory system.

### INSTRUCTIONS:

- Circle ONE response option per question, unless otherwise directed
- Answer EVERY question and please provide a response in EVERY cell, unless otherwise directed
- Fill in all blank spaces with answers that refer to YOUR SITE ONLY; even if you are part of a state-wide system

There are three ways to respond to this questionnaire:

1. *Internet:* An electronic version of this questionnaire is located on the Internet at <http://www.crj.uic.edu/survey/forensics>. If you choose to complete the questionnaire via the Internet, you must enter the 6-digit number found at the upper-right corner on the first page of your paper questionnaire. You cannot login without this number. Units of multiple laboratory systems may find it easier to complete the survey on-line. For example, a regional laboratory may login and answer all non-budgetary questions and headquarters may login separately to provide the necessary financial information. Be sure to use the appropriate six-digit laboratory code number for every separate laboratory survey response. When you have completed the entire questionnaire, remember to press the "submit" button at the end of the questionnaire so that we receive your response.
2. *Fax:* You may fax your completed questionnaire to the UIC Survey Research Laboratory at (312) 996-3358.
3. *Mail:* You may mail your completed questionnaire using the enclosed self-addressed envelope.

**Please return this questionnaire by September 1, 2003**

If you have questions, please contact Project Coordinator Liz Clary  
at (312) 413-7250 or send your questions via e-mail to [crimelab@srl.uic.edu](mailto:crimelab@srl.uic.edu)

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## SECTION I – ORGANIZATION

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1. Which of the following best describes the jurisdiction served by your crime laboratory?

City, borough, village, or town..... 1→(SKIP TO Q.4)

County ..... 2→(SKIP TO Q.4)

State ..... 3

Federal/national ..... 4

Other (PLEASE SPECIFY BELOW)..... 5

\_\_\_\_\_

2. Is your laboratory part of multiple laboratory system?

Yes ..... 1

No ..... 2→(SKIP TO Q. 4)

3. How many laboratories are in this system?

\_\_\_\_\_ Laboratories

4. What jurisdiction does your laboratory serve? (For example: Los Angeles County, New York City, Illinois State, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4a. What is the approximate population size of the jurisdiction listed above?

\_\_\_\_\_

5. Please indicate whether your crime laboratory currently performs the following forensic functions. If so, please indicate whether your laboratory provides all of the scientific services of this kind for your entire jurisdiction, or if the service is restricted.

			<b>IF YES:</b>	
	<b>Yes</b>	<b>No</b>	<b><u>Provides Services to Entire Jurisdiction</u></b>	<b><u>Services Restricted</u></b>
a. Firearms/toolmarks	1	2	3	4
b. Trace	1	2	3	4
c. Latent prints	1	2	3	4
d. Controlled substances	1	2	3	4
e. Toxicology	1	2	3	4
f. Questioned documents	1	2	3	4
g. Computer crimes	1	2	3	4
h. Crime scene	1	2	3	4
i. Biology screening	1	2	3	4
j. DNA analysis	1	2	3	4
k. Other (PLEASE SPECIFY BELOW)	1	2	3	4
_____				

**PLEASE CHECK YOUR ANSWERS TO MAKE SURE THAT FOR EACH ITEM ANSWERED “YES” YOU HAVE CIRCLED A “3” OR “4” IN THE COLUMNS ON THE RIGHT.**

6. Who in your jurisdiction performs most major crime scene investigations?

Crime scene investigators from my laboratory ..... 1

Scientists from my laboratory doubling as crime scene investigators.....2

Other agencies/persons separate from my crime laboratory (PLEASE SPECIFY BELOW) .....3

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## SECTION II – BUDGET

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In this section, questions regarding the budget for your individual laboratory site are asked. We require a separate response for each laboratory. However, if your laboratory is part of a multiple laboratory system, we understand that this information may not be readily available for your individual laboratory site. If this is the case, and only headquarters or a higher administrative entity can answer the budgetary questions, there are two options:

- 1) Paper option: Complete the remainder of the questionnaire, then forward it to headquarters to complete the budgetary questions and have them return the entire questionnaire to the Survey Research Laboratory.

2) On-line option: Units of multiple laboratory systems may find it easier to complete the survey on-line. For example, a regional laboratory may login and answer all non-budgetary questions and headquarters may login separately to provide the necessary financial information. Be sure to use the appropriate six-digit laboratory code number for every separate laboratory survey response. When you have completed the entire questionnaire, remember to press the “submit” button at the end of the questionnaire so that we receive your response. Headquarters should make a notation at the end of the survey if it is not possible to break down the budgetary information by individual laboratory.

**PLEASE ENTER A RESPONSE IN EVERY SPACE; INDICATE “NA” OR “0” WHERE NECESSARY.**

7. What was your annual budget for laboratory operations during the most recent full budget year? Please include personnel, equipment, supplies, training, accreditation, travel, contractual services and any other operating costs. Please do NOT include costs of outsourcing here. If exact figures are not available, please give your best estimate.

\$ \_\_\_\_\_

8. Please indicate approximate budgetary amounts dedicated to each of the following areas during the most recent full budget year. Budgetary amounts should add up to the figure provided in Question 7.

- a. Personnel..... \$ \_\_\_\_\_
- b. Equipment ..... \$ \_\_\_\_\_
- c. Supplies..... \$ \_\_\_\_\_
- d. Services .....\$ \_\_\_\_\_
- e. Training ..... \$ \_\_\_\_\_
- f. Travel ..... \$ \_\_\_\_\_
- g. Quality Assurance Programs..... \$ \_\_\_\_\_
- h. Facilities..... \$ \_\_\_\_\_
- i. Other (PLEASE SPECIFY BELOW) ..... \$ \_\_\_\_\_

\_\_\_\_\_

9. Please indicate what percent of your laboratory’s funding came from each of the following sources during the most recent full budget year. Percents should total 100.

**IF YOUR LAB RECEIVED NO FUNDING FROM A SOURCE, PLEASE INDICATE “0.”**

- a. Federal..... \_\_\_\_\_ %
- b. State..... \_\_\_\_\_ %
- c. Local ..... \_\_\_\_\_ %
- d. Grants ..... \_\_\_\_\_ %
- e. Fees ..... \_\_\_\_\_ %
- f. Other (PLEASE SPECIFY BELOW) ..... \_\_\_\_\_ %

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**TOTAL: 100 %**

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## SECTION III – STAFF

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**PLEASE ENTER A RESPONSE IN EVERY SPACE; INDICATE “NA” OR “0” WHERE NECESSARY.**

10. How many FTE (full-time equivalent) positions were authorized at your laboratory as of January 1, 2003? Please account for all types of employees.

\_\_\_\_\_ employees

11. How many employees did you have actually working in each of the following types of positions as of January 1, 2003? Please account for all FTE employees.

**# of FTE employees**

- a. Managerial (e.g., lab director, supervisor, QA manager)..... \_\_\_\_\_
- b. Clerical Support..... \_\_\_\_\_
- c. Analyst/Examiner (personnel who examine evidence, etc.) ..... \_\_\_\_\_
- d. Technical Support (e.g., technician, lab support personnel, etc.) ..... \_\_\_\_\_
- e. Other (PLEASE SPECIFY)..... \_\_\_\_\_

\_\_\_\_\_

12. What is the allowable yearly salary range (without benefits or overtime) for the following positions (or equivalent) in your laboratory? If there is no such position at your laboratory, please enter “NA.”

a. Director	\$ _____	to \$ _____/year
b. Supervisor	\$ _____	to \$ _____/year
c. Analyst/Examiner	\$ _____	to \$ _____/year
d. Technical Support	\$ _____	to \$ _____/year

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## SECTION IV – WORKLOAD

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13. A Laboratory Information Management System (**LIMS**) is a computerized system used to manage, compile or track cases and/or evidence. Does your lab have a **LIMS**?

Yes ..... 1

No ..... 2

14. A **case** is defined as evidence submitted from a single criminal investigation. How many **cases** did your laboratory receive from January 1, 2002 – December 31, 2002?

\_\_\_\_\_ cases received

15. A **back-logged case** is a case that is in the laboratory and remains unreported for a period of 30 days or more. As of January 1, 2003, how many **back-logged cases** did your laboratory have?

\_\_\_\_\_ back-logged cases

16. In the table below, please indicate **for each discipline**:
- the number of single **backlogged requests** as of January 1, 2002,
  - the number of single **new requests** received in 2002,
  - the total number of single requests **completed** in 2002,
  - the number of FTEs it took to complete the requests (as reported in column c), and,
  - the number of additional FTEs your lab would have needed to achieve a 30-day turnaround on **all** 2002 requests (as reported in column b)

**NOTE:** A single case may result in multiple requests; e.g., one case may include: a request for biology, AND a request for latent prints.

The single request for biology may include multiple items to be analyzed for biological fluids.

**PLEASE ENTER A RESPONSE IN EVERY CELL IN THE TABLE.**

**IF NONE IN A PARTICULAR CATEGORY, PLEASE ENTER “0.”**

**IF NOT APPLICABLE TO YOUR LAB, PLEASE ENTER “NA.”**

	<b><u>2002 requests</u></b>		<b><u>2002 completes</u></b>		<b><u>Additional need</u></b>
	a. # of backlogged requests as of January 1, 2002	b. # of new requests received in 2002	c. total # of requests completed in 2002	d. # of FTEs (to the nearest tenth) it took to complete this work (as reported in Column c)	e. # of additional FTEs it would've required to achieve a 30-day turnaround on <u>all 2002 requests</u> (as reported in Column b)
1. Firearms/toolmarks	_____	_____	_____	_____	_____
2. Trace	_____	_____	_____	_____	_____
3. Latent prints	_____	_____	_____	_____	_____
4. Controlled substances	_____	_____	_____	_____	_____
5. Toxicology	_____	_____	_____	_____	_____
6. Questioned documents	_____	_____	_____	_____	_____
7. Computer crimes	_____	_____	_____	_____	_____
8. Crime scene	_____	_____	_____	_____	_____
9. Biology screening	_____	_____	_____	_____	_____
10. DNA analysis	_____	_____	_____	_____	_____
11. Other (PLEASE SPECIFY) _____	_____	_____	_____	_____	_____

**BEFORE TURNING THE PAGE, PLEASE MAKE SURE THAT EVERY CELL IN THIS TABLE IS COMPLETED.**

17. Other than personnel, would additional resources have been required to achieve a 30-day turnaround time on all 2002 requests?

Yes ..... 1  
No ..... 2→(SKIP TO Q.18)

17a. What additional resources would be required? (For example: increased facility space, additional equipment, etc.)

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17b. What would be the approximate cost of these additional resources?

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18. Does your lab have a standard protocol for latent prints?

Yes ..... 1  
No ..... 2→(SKIP TO Q.19)

18a. Does your latent prints standard protocol include...

	<u>Yes</u>	<u>No</u>
a. AFIS? .....	1	2
b. Comparisons?.....	1	2
c. Processing (chemical and laser)? .....	1	2
d. Limiting the number of items analyzed/examined?.....	1	2
e. Computer enhancement?.....	1	2
f. Anything else? (PLEASE SPECIFY).....	1	2

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19. Does your lab have a standard protocol for drugs/controlled substances?

Yes ..... 1  
No ..... 2→(SKIP TO Q.20)

19a. Does your drugs/controlled substances standard protocol include...

	<u>Yes</u>	<u>No</u>
a. Routine quantifications?.....	1	2
b. Limiting the number of items analyzed/examined?.....	1	2
c. Identification of adulterants and/or diluents?.....	1	2
d. Reports issued on preliminary findings?.....	1	2
e. Anything else? (PLEASE SPECIFY) .....	1	2

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20. Does your lab have a standard protocol for DNA analysis?

Yes ..... 1  
No ..... 2→(SKIP TO Q.21)

20a. Does your DNA standard protocol include...

	<u>Yes</u>	<u>No</u>
a. Batch processing?.....	1	2
b. Using technicians? .....	1	2
c. Limiting the number of items analyzed/examined? .....	1	2
d. Anything else? (PLEASE SPECIFY) .....	1	2

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21. What are your performance expectations for one full-time equivalent (FTE) examiner for one year? **Please enter a response in every space; indicate “NA” or “0” where necessary.**

Performance Expectations  
(Number of requests processed per year)

- a. Firearms/Toolmarks ..... \_\_\_\_\_
  - b. Trace..... \_\_\_\_\_
  - c. Latent Prints ..... \_\_\_\_\_
  - d. Controlled Substances ..... \_\_\_\_\_
  - e. Toxicology ..... \_\_\_\_\_
  - f. Questioned Documents ..... \_\_\_\_\_
  - g. Computer Crimes ..... \_\_\_\_\_
  - h. Crime Scene ..... \_\_\_\_\_
  - i. Biology Screening ..... \_\_\_\_\_
  - j. DNA Analysis ..... \_\_\_\_\_
  - k. Other (PLEASE SPECIFY BELOW) ..... \_\_\_\_\_
-



22. Does your lab utilize laboratory technicians?

Yes ..... 1  
 No..... 2 → (SKIP TO Q.23)

22a. Do the laboratory technicians' tasks include...

	<u>Yes</u>	<u>No</u>
a. Cleaning, reagent preparation?.....	1	2
b. Processing evidence? .....	1	2
c. Anything else? (PLEASE SPECIFY) .....	1	2

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22d. In which disciplines are technicians employed? (For example, Trace, Biology, Firearms/Toolmarks, etc.)

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## SECTION V – OUTSOURCING

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23. Did your lab outsource any type of evidence or samples for analysis in 2002?

Yes ..... 1  
 No..... 2 → (SKIP TO Q.26)

24. This table lists the types of requests that laboratories typically outsource. For each, indicate the number of requests your lab made in 2002, and the total cost of outsourcing in 2002.

**PLEASE ENTER A RESPONSE IN EVERY CELL.**  
**IF NONE IN A PARTICULAR CATEGORY, PLEASE ENTER “0”.**  
**IF AN ITEM IS NOT APPLICABLE, PLEASE ENTER “NA.”**

TYPE OF REQUEST	a. Number of requests outsourced in 2002	b. Total cost of outsourcing in 2002
1. Controlled substances	_____	\$ _____
2. Toxicology	_____	\$ _____
3. DNA	_____	\$ _____
4. CODIS samples	_____	\$ _____
5. Other (PLEASE SPECIFY) _____	_____	\$ _____
6. TOTAL	_____	\$ _____

25. For each type of request, please indicate the source of funds (e.g., internal funds, federal grant) that your laboratory used to outsource evidence or samples in 2002. You may list up to three funding sources.

**SOURCE OF FUNDS FOR OUTSOURCING**

TYPE OF REQUEST	a. Funding source 1	b. Funding source 2	c. Funding source 3
1. Controlled substances			
2. Toxicology			
3. DNA			
4. CODIS samples			
5. Other (PLEASE SPECIFY)			

**SECTION VI**  
**QUALITY (CONTROL AND ASSURANCE), TRAINING, AND RESEARCH**

26 As of January 1, 2003, was your crime laboratory accredited by the ASCLD/LAB?

Yes ..... 1  
 No..... 2

26a. As of January 1, 2003, was your laboratory accredited by any other organization?

Yes (PLEASE SPECIFY) ..... 1  
 \_\_\_\_\_  
 No ..... 2

27. Does your laboratory conduct proficiency testing on its analysts/examiners?

Yes ..... 1  
 No..... 2→(SKIP TO Q.30)

28. Do these proficiency tests include...

	<u>Yes</u>	<u>No</u>
a. Blind – analyst/examiner is not told which case is for proficiency testing?.....1	1	2
b. Declared – analyst/examiner is told when he/she is being tested?. ....1	1	2
c. Random case reanalysis – random selection of analyst/examiner’s prior case work for reanalysis by another analyst/examiner?.....1	1	2
d. Anything else? (PLEASE SPECIFY).....1	1	2

29. Are the sources of your proficiency tests...
- |   | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| a. Internal (prepared by the laboratory itself)? .....                            | 1          | 2         |
| b. External (prepared by an agency external to the laboratory being tested)?..... | 1          | 2         |
| c. Or something else? (PLEASE SPECIFY) .....                                      | 1          | 2         |
- 

30. **Research** may be experimentation aimed at the discovery and interpretation of facts, the revision of accepted theories, or practical application of such new or revised theories or technologies. Does your laboratory have resources dedicated primarily to research?

- Yes .....1  
 No .....2

31. **Training** is a structured instruction process with the function of teaching the history, theories, and/or the application of those scientific techniques and methods that are utilized within the crime laboratory. Does your laboratory have resources dedicated primarily to training?

- Yes .....1  
 No .....2

32. In case we need to clarify any of your responses, please write your name and telephone number in the space below.

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33. Please write any other comments you wish to share in the space below.

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**Thank you for taking the time to complete this important survey.**  
**Please review your answers, and make sure that no cell is left blank. Enter “NA” and “0” where applicable.**

**Then, please return your completed survey in the enclosed postage-paid envelope to  
 the Survey Research Laboratory.**

**If you have any additional questions, you may contact Liz Clary, Project Coordinator at  
 the Survey Research Laboratory at (312) 413-7250, or you may send an email to [crimelab@srl.uic.edu](mailto:crimelab@srl.uic.edu).**