

# NAME Inspection and Accreditation Checklist

## Adopted March 2024



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**A. GENERAL**

<b>A</b>	<b>GENERAL</b>			<b>P</b>	<b>Result</b>			
<b>A</b>	<b>1</b>	<b>Facilities</b>						
		a	Does the office have sufficient space, equipment, and facilities to support the jurisdiction's volume of medicolegal death investigations?	II	Y	N/A	N	
		b	Is there sufficient general storage space available for the needs of the office?	II	Y	N/A	N	
		c	Are copies of the currently applicable statutes governing the operation of the office readily accessible?	II	Y	N/A	N	

<b>A</b>	<b>2</b>	<b>Security</b>			<b>P</b>	<b>Result</b>		
		a	Does the office have a written and implemented policy or standard operating procedure, signed within the last two years, covering facility security?	II	Y	N/A	N	
		b	Is access to the facility controlled?	I	Y	N/A	N	
		c	Are laboratories physically separate from other work areas, and do they have controlled access?	I	Y	N/A	N	
		d	Is an after-hours locked storage area or depository available for evidentiary material?	I	Y	N/A	N	
		e	Does the office have security measures in place such that interactions between employees and the public are minimized in and around the facility and employee parking areas?	I	Y	N/A	N	

<b>A</b>	<b>3</b>	<b>Administrative Space</b>			<b>P</b>	<b>Result</b>		
		a	Is sufficient office space available for medical examiners, investigators, and administrative and other office staff?	II	Y	N/A	N	
		b	Is each pathologist's office appropriately sized, furnished and equipped, including a microscope and dictation equipment?	II	Y	N/A	N	
		c	Are facilities available to support individual and group employee functions including, where applicable, break/dining area, meeting/conference area, and library?	II	Y	N/A	N	
		d	Is the administrative area separate from the autopsy room(s), laboratories, and body receiving area so that it is accessible to visitors who have legitimate business with the office without visual, auditory, or olfactory exposure to autopsy activity?	II	Y	N/A	N	
		e	Is there a reception area that divides visitors from the rest of the facility?	I	Y	N/A	N	

<b>A 4 Safety</b>		<b>P Result</b>				
	a	Does the office have a written and implemented policy or standard operating procedure, signed within the last two years, addressing safety that comports with federal and state regulations with regard to injury and illness prevention, repetitive motion injuries, and biohazard and chemical exposure?	II	Y	N/A	N
	b	Are employees and visitors safe from physical, chemical, electrical, and biologic hazards?	II	Y	N/A	N
	c	Are safety policies and procedures readily accessible?	II	Y	N/A	N
	d	Is a written blood-borne pathogen control program in place?	II	Y	N/A	N
	e	Are first-aid kits, safety showers, and eye washes strategically located in the laboratories?	II	Y	N/A	N
	f	Are dedicated and marked specialized safety containers used for disposing of hazardous chemicals and biologic waste that comport with federal, state, and local regulations regarding chemical and biological waste disposal?	II	Y	N/A	N
	g	Are safety cabinets or explosion-proof rooms in use for storage of volatile solvents?	II	Y	N/A	N
	h	Are electrical outlets and equipment properly grounded and ground fault circuit interrupters utilized in areas where water may pose an added risk?	II	Y	N/A	N
	i	Are "SDS" (Safety Data Sheets) readily accessible?	II	Y	N/A	N
	j	Are building evacuation diagrams available and posted in prominent and appropriate locations throughout the facility?	I	Y	N/A	N

<b>A 5 Maintenance</b>		<b>P Result</b>				
	a	Does the office have a written and implemented policy or standard operating procedure, signed within the last two years, covering facility maintenance?	II	Y	N/A	N
	b	Are the facilities and all work areas clean, structurally sound, and well maintained?	II	Y	N/A	N
	c	Are public access areas comfortable, clean, and free from odor?	II	Y	N/A	N
	d	Are scientific equipment items that require periodic cleaning, adjustment or maintenance, such as microscopes, freezers and coolers, on a documented and appropriate maintenance schedule?	II	Y	N/A	N
	e	Are the heating/ventilation/air conditioning, plumbing, and electrical systems of the physical plant scheduled for routine inspection and preventive maintenance?	II	Y	N/A	N
	f	Are the electrical outlets and ground fault circuit interrupters tested for safety and proper functioning on at least a yearly basis?	II	Y	N/A	N

<b>A</b>	<b>6</b>	<b>Organ and Tissue Donations</b>	<b>P</b>	<b>Result</b>		
	a	Does the office have a written and implemented policy or standard operating procedure, signed within the last two years, covering organ and tissue donation?	II	Y	N/A	N

<b>A</b>	<b>7</b>	<b>Mass Disaster Plan</b>	<b>P</b>	<b>Result</b>		
	a	Does the office have a written and implemented mass disaster (multiple fatality) plan, signed within the last two years, that includes consideration of weapons of mass destruction, protective clothing and equipment, body handling decontamination and disposal, and which mandates appropriate preparatory staff training?	II	Y	N/A	N
	b	Has the plan been promulgated with the participation of jurisdictional law enforcement, fire, and rescue, emergency agencies and hospitals?	I	Y	N/A	N
	c	Has the office coordinated with surrounding jurisdictions regarding mass disaster planning?	I	Y	N/A	N
	d	Has the office participated in local or regional mass disaster exercises?	I	Y	N/A	N
	e	Is a contact list of pertinent officials, offices, phone numbers, and e-mail addresses readily available?	II	Y	N/A	N
	f	Are alternative morgue sites designated?	I	Y	N/A	N
	g	Is there a plan for chemical mass disaster?	I	Y	N/A	N
	h	Is there a plan for biological mass disaster?	I	Y	N/A	N
	i	Is there a plan for a radiation/nuclear mass disaster?	I	Y	N/A	N

<b>A</b>	<b>8</b>	<b>Quality Assurance</b>	<b>P</b>	<b>Result</b>		
	a	Does the office have a written and implemented policy or standard operating procedure, signed within the last two years, covering quality assurance?	II	Y	N/A	N
	b	Does the quality assurance procedure include a "feedback" mechanism, so that all identified errors are brought to the attention of those persons responsible for them?	I	Y	N/A	N
	c	Is the quality assurance program a planned and regularly scheduled activity?	II	Y	N/A	N
	d	Is the quality assurance program sufficient and adequate to assure the quality of the office or system work product?	II	Y	N/A	N
	e	Is there documentation of corrective action taken for identified deficiencies?	II	Y	N/A	N

	f	Does the office actively participate on the local Child Death Review Committee (if one exists)?	I	Y	N/A	N
	g	Does the office have a procedural method of keeping track of unfinished or overdue case reports?	II	Y	N/A	N

A	9	Annual Statistical Report	P	Result		
	a	Does the office prepare an annual report or the electronic equivalent tabulating total cases reported, accepted, examined, and autopsied, and the major causes of death sorted by each manner of death category?	II	Y	N/A	N
		<b>NOTE:</b> A major rationale for the compilation of such data is the value they provide for analyzing and understanding the workload and short and long term trends that may affect an office. One Phase I for each missing report.				
	b	Does the office annually compile statistical data on deaths reported?	I	Y	N/A	N
	c	Does the office annually compile statistical data on cases accepted?	I	Y	N/A	N
	d	Does the office annually compile statistical data on manners of death?	I	Y	N/A	N
	e	Does the office annually compile statistical data on scene visits by medical examiners or medical examiner investigators?	I	Y	N/A	N
	f	Does the office annually compile statistical data on bodies transported by office or by order of the office?	I	Y	N/A	N
	g	Does the office annually compile statistical data on external examinations?	I	Y	N/A	N
	h	Does the office annually compile statistical data on complete autopsies?	I	Y	N/A	N
	i	Does the office annually compile statistical data on partial autopsies?	I	Y	N/A	N
	j	Does the office annually compile statistical data on hospital autopsies retained under ME jurisdiction?	I	Y	N/A	N
	k	Does the office annually compile statistical data on cases where toxicology is performed?	I	Y	N/A	N
	l	Does the office annually compile statistical data on bodies unidentified after examination?	I	Y	N/A	N
	m	Does the office annually compile statistical data on organ and tissue donations?	I	Y	N/A	N
	n	Does the office annually compile statistical data on unclaimed bodies?	I	Y	N/A	N
	o	Does the office annually compile statistical data on exhumations?	I	Y	N/A	N

	p	Does the office annually compile statistical data on bodies transported to the office?	I	Y	N/A	N
	q	Does the office maintain a cross index of categories of cause and manner of death for statistical data retrieval?	I	Y	N/A	N
	r	Does the office annually compile statistical data on infant deaths (age live birth to one year) including numbers of infant deaths certified, number of infants autopsied and categories of cause and manner of death?	I	Y	N/A	N

**B. INVESTIGATIONS**

<b>B</b>		<b>INVESTIGATIONS</b>					
<b>B</b>	<b>1</b>	<b>Acceptance and Declining of Cases</b>			<b>P</b>	<b>Result</b>	
	a	Does the office have a written and implemented policy or standard operating procedure, signed within the last two years, covering case notification, acceptance of, and declining of cases?	II	Y	N/A	N	
	b	Is there an existing law (state, federal, county, or city) covering the medical examiner's (or coroner's) geographical area of jurisdiction that requires that deaths falling under the medical examiner's jurisdiction be reported promptly to the medical examiner's office by law enforcement agencies, physicians, hospital personnel, funeral directors, or other persons who become aware of a reportable case?	I	Y	N/A	N	
	c	Does the medical examiner accept notification from any person who has become aware of a death that might fall under the jurisdiction of the office?	II	Y	N/A	N	
	d	Is the medical examiner/coroner's office's contact information easily found on the internet and/or in a telephone book?	II	Y	N/A	N	
	e	Is the phone number staffed 24 hours a day by a person able to arrange a disposition at all times?	II	Y	N/A	N	
	f	Are at least 20% of the deaths occurring within the office jurisdiction reported to the office?	I	Y	N/A	N	
	g	Does the medical examiner, if it is required, arrange for a formal pronouncement of death?	I	Y	N/A	N	
	h	Does the office attempt to notify the next-of-kin as soon as possible, if notification by another agency or individual cannot be confirmed?	I	Y	N/A	N	
	i	Is the case reviewed by a medical examiner at the time jurisdiction is released, or at a minimum, within 24 hours of release?	I	Y	N/A	N	
	J	Does the office have a written and implemented policy, signed within the last two years, covering the handling of objections made to the performance of autopsies on bodies falling under medical examiner/coroner jurisdiction based on personal, religious or cultural grounds?	II	Y	N/A	N	

<b>B</b>		<b>2 Investigative Practices</b>					
<b>B</b>	<b>2</b>				<b>P</b>	<b>Result</b>	
	a	Does the office have a written and implemented policy or standard operating procedure, signed within the last two years, covering office investigations that addresses activities and responsibilities in the office and at death scenes?	II	Y	N/A	N	

	b	Is there a written and implemented office policy requiring a medical examiner or investigator to obtain the initial history of the fatal event, ascertain the essential facts and circumstances, elicit any pertinent medical history?	II	Y	N/A	N
	c	Are emergency medical technicians interviewed when it is likely to be of benefit?	I	Y	N/A	N
	d	Are investigative reports routinely available to the pathologist prior to the beginning of any autopsy, external examination, or certification of death?	II	Y	N/A	N
	e	Is a log or other record or method of preservation of the decedent's medications obtained, when possible, in cases where a reasonable concern exists that medications may have caused or contributed to death?	I	Y	N/A	N

<b>B</b>	<b>3</b>	<b>Scene Investigations</b>	<b>P</b>	<b>Result</b>		
	a	Is there a written and implemented policy identifying which cases require scene investigations?	II	Y	N/A	N
	b	Is it the written and implemented policy of the office to take charge of the body, the clothing on the body, and any evidence on the body which may aid in determining the identification of the deceased and the cause and manner of death?	II	Y	N/A	N
	c	Is a medical examiner or investigator available on a 24-hour basis to respond for a scene investigation?	II	Y	N/A	N
	d	Are medical examiner investigation response times recorded and monitored?	I	Y	N/A	N
	e	Does the medical examiner or investigator respond to the scene of those cases deemed necessary by the Chief Medical Examiner?	II	Y	N/A	N
	f	Are the hands protected in cases of homicides and suspicious deaths to safeguard evidence when indicated?	II	Y	N/A	N
	g	When a body has been removed from the scene or a person has been removed for treatment, are follow-up scene investigations conducted where appropriate and feasible?	I	Y	N/A	N
	h	Are office investigations autonomous and independent of law enforcement investigations?	I	Y	N/A	N
	i	Are deaths of children investigated in accordance with any applicable local or nationally recognized protocol?	II	Y	N/A	N
	j	Does the office have a procedure for the handling of money and valuable personal items?	II	Y	N/A	N
	k	Does the office have a procedure for the handling of prescription drugs?	II	Y	N/A	N
	l	Does the office have a procedure for the handling of illicit drugs?	II	Y	N/A	N
	m	Does the office have a procedure for the handling of evidence?	II	Y	N/A	N

B	4	Identification	P	Result		
		a Does the office have a written and implemented policy or standard operating procedure covering identification procedures which is reviewed at least every two years?	II	Y	N/A	N
		b Is there a case body numbering system in place for labeling all bodies?	II	Y	N/A	N
		c Is the method of identification recorded?	II	Y	N/A	N
		d Does the office have access to conduct fingerprint comparison?	II	Y	N/A	N
		e Does the office have access to conduct dental examination?	II	Y	N/A	N
		f Does the office have access to conduct body radiographic imaging?	II	Y	N/A	N
		g Does the office have access to forensic anthropology?	I	Y	N/A	N
		h Does the office have access to forensic serology and DNA analysis?	II	Y	N/A	N
		i Is there a method by which family or friends can make visual identification of decedents, (e.g. a viewing room, instant photography, closed circuit television, digital photography, etc)?	II	Y	N/A	N
		j Prior to disposition of unidentified bodies, does the office perform the following tasks in order to permit potential future identification: fingerprint the body; photograph the body; examine and chart the dentition; take radiographic images; store specimens for DNA analysis; and register and/or assist law enforcement in registering the case with appropriate national registries and any mandated state or local registry?	II	Y	N/A	N

**C. MORGUE OPERATIONS**

<b>C</b>		<b>MORGUE OPERATIONS</b>			<b>P</b>		<b>Result</b>	
<b>C</b>	<b>1</b>	<b>Body Handling</b>						
		a	Does the office have a written and implemented policy or standard operating procedure, signed within the last two years, covering body transportation and handling?	II	Y	N/A	N	
		b	Does the body transport system reflect due respect for the decedent and the concerns of families?	II	Y	N/A	N	
		c	Are the stretchers and carts used to move the body sturdy, and in good repair, and free of sharp edges?	II	Y	N/A	N	
		d	Are body transport vehicles mechanically sound, clean, secure, dignified, and private?	II	Y	N/A	N	
		e	Are body transport vehicles kept in good repair and have regularly scheduled and documented maintenance records?	II	Y	N/A	N	
		f	Is the interior of each body transport vehicle regularly cleaned and disinfected?	II	Y	N/A	N	
		g	Do body handling procedures ensure the integrity of evidence by the use of sealed body bags or by other similarly effective means?	II	Y	N/A	N	
		h	Do body handling procedures include precautions against the biohazards associated with body handling?	II	Y	N/A	N	
		i	Is there a system to document the acquisition, custody, integrity, and release of personal effects?	II	Y	N/A	N	
		j	Is there a written and implemented procedure in place to assure the release of the correct body and personal effects to the funeral home?	II	Y	N/A	N	

<b>C</b>	<b>2</b>	<b>Body Handling Areas</b>			<b>P</b>	<b>Result</b>		
		a	Is the body receiving area adequate in size and designed to accommodate the usual volume of incoming and outgoing bodies with safety and security?	II	Y	N/A	N	
		b	Are body receiving and handling areas sequestered from public view?	II	Y	N/A	N	
		c	Is access to body receiving and handling areas limited and controlled?	II	Y	N/A	N	
		d	Is refrigerated storage space sufficient to accommodate the number of bodies and their handling during usual and peak loads?	II	Y	N/A	N	
		e	Is the refrigerated storage space easily accessible to the autopsy room and to the body release area?	I	Y	N/A	N	

	f	Is a separate or functionally isolated room or area available for the storage of decomposed and known infectious bodies that is in accordance with principles, regulations, and laws regarding universal precautions and infectious disease hazards?	I	Y	N/A	N
	g	Are temperature monitoring devices present on each refrigerator and freezer space, is there an alarm system to warn of deviations from the acceptable range, and are monitoring records kept?	I	Y	N/A	N

<b>C</b>	<b>3</b>	<b>Autopsy Suites</b>	<b>P</b>	<b>Result</b>		
	a	Are private and secure lockers, changing areas, and shower facilities or the equivalent available for male and female employees?	I	Y	N/A	N
	b	Can the autopsy room accommodate the usual and peak case load including the typical number of autopsies and external examinations, the normal complement of autopsy and laboratory personnel, official participants and observers from cooperating agencies?	I	Y	N/A	N
	c	Does the ventilation system control odor and fumes and prevent them from entering and leaving the autopsy and body storage areas?	I	Y	N/A	N
	d	Do the heating and cooling systems maintain a working environment conducive to effective work performance?	II	Y	N/A	N
	e	Is the lighting adequate?	II	Y	N/A	N
	f	Is a body scale located in or near the autopsy room, the body reception, or pre-autopsy preparation area?	II	Y	N/A	N
	g	Is there a written scale calibration policy with documentation (i.e., when calibrated, by whom)?	II	Y	N/A	N
	h	Are sufficient autopsy stations available for the usual case volume?	I	Y	N/A	N
	i	Is suction available at the autopsy stations?	I	Y	N/A	N
	j	Are autopsy dissecting sinks equipped with back flow protection devices?	II	Y	N/A	N
	k	Is there a stable surface for dissection at each station (either table stand or permanent structure; note e.g., merely a loose cutting board)?	I	Y	N/A	N
	l	Are floor, sink, and table drains able to handle autopsy waste and small particulate matter, with clean-out traps easily accessible?	II	Y	N/A	N
	m	Are surfaces for preparation of documents and records far enough removed from the examination areas to avoid inadvertent contamination?	I	Y	N/A	N
	n	Are surfaces in the autopsy room nonporous and easily cleaned?	I	Y	N/A	N

	o	Is dictation equipment or another means of recording postmortem findings available in the autopsy room, adjacent to the autopsy room, or in physicians' offices?	II	Y	N/A	N
	p	Are radiograph view boxes or monitors present to permit concurrent viewing during the autopsy?	I	Y	N/A	N
	q	Is/are (a) separate or functionally isolated room(s) or area(s) available for the autopsies of decomposed and known infectious bodies?	I	Y	N/A	N
	r	Are HEPA filters utilized, where appropriate, to reduce biohazard risks?	I	Y	N/A	N
	s	Are appropriate personal protective devices including face protection, chest and arm protection, gloves, shoe covers, and N95 Respirators or PAPRS available to staff so as to reduce biohazard risks?	II	Y	N/A	N
	t	Are standard precautions ("universal precautions") used when performing autopsies and handling biological specimens?	II	Y	N/A	N
	u	Are autopsy tables and dissection areas disinfected with bactericidal/virucidal solutions on a daily basis if they have been used?	II	Y	N/A	N
	v	Is appropriate storage space available and secured for decedent personal effects, evidence recovered during investigations, tissues and evidence recovered from bodies, and specimens held for additional laboratory analysis?	II	Y	N/A	N
	w	Is space available for examination of clothing, personal effects and other items or evidence discovered on or about the body with a work area or provision that prevents cross contamination of specimens and provides for effective preservation of each item's integrity?	I	Y	N/A	N
	x	Are tissue storage areas ventilated and free of formaldehyde, putrefied tissue, and other unpleasant odors?	I	Y	N/A	N
	y	Is there separate and safe storage space for reagent gases, solvents, and chemicals?	I	Y	N/A	N

<b>C</b>	<b>4</b>	<b>Radiologic Facilities</b>	<b>P</b>	<b>Result</b>		
	a	Does the office have access to radiographic equipment or services?	II	Y	N/A	N
	b	Is radiographic equipment installed in a convenient location in or near the autopsy room?	I	Y	N/A	N
	c	Is the radiographic equipment shielded in accord with the radiation safety standards promulgated by state and federal regulation?	II	Y	N/A	N

<b>C 5 Radiology</b>		<b>P</b>	<b>Result</b>			
	a	Is there a system in place to assure quality and adequacy of radiographic images?	II	Y	N/A	N
	b	Are radiographs labeled with case number and right/left designation on each film?	II	Y	N/A	N
	c	Are the quality of radiographs commensurate with the purpose of the radiographic examination?	II	Y	N/A	N
	d	Are radiographs filed so as to be readily retrievable?	II	Y	N/A	N
	e	When performed in-house, is the radiology equipment routinely maintained according to a set schedule and is this documented?	II	Y	N/A	N
	f	Is in-house radiology equipment appropriately serviced and maintained and meeting any jurisdictional laws regarding radiographic equipment?	II	Y	N/A	N
	g	Is the radiograph processing subject to effective quality control and are the radiographs of good diagnostic quality?	II	Y	N/A	N
	h	Is there a documented program in place to assure that all personnel exposed to radiation sources are monitored for radiation exposure; as part of this policy, is there a mechanism in place to identify persons who are approaching, have reached, or have exceeded their exposure limits and to take appropriate actions?	II	Y	N/A	N
	i	Is the radiology equipment properly and currently licensed and maintained?	II	Y	N/A	N

<b>C 6</b>	<b>Postmortem Examinations</b>		<b>P</b>	<b>Result</b>		
	a	Does the office have a written and implemented policy or standard operating procedure covering postmortem examination procedures which is reviewed at least every two years?	II	Y	N/A	N
	b	Is there a written and implemented policy which specifies the criteria for the determination of when complete autopsies, partial autopsies, or external examinations are to be performed?	I	Y	N/A	N
	c	Are autopsies performed in greater than 95% of all cases suspected of homicide at the time of death?	II	Y	N/A	N
	d	Were autopsies performed in greater than 95% of all cases in which the manner of death was certified as undetermined?	I	Y	N/A	N
	<b>NOTE:</b> Some inspector discretion allowed.					

	e	Are the circumstances of death, if known, reviewed prior to autopsy?	II	Y	N/A	N
	f	Does the medical examiner/autopsy physician personally examine all external aspects of the body in advance of dissection?	II	Y	N/A	N
	g	Is a medical examiner/autopsy physician responsible for the conduct of each postmortem examination, the diagnoses made, the opinions formed, and any subsequent opinion testimony?	II	Y	N/A	N
	h	Are all autopsy ex-situ dissections personally performed by a medical examiner/autopsy physician?	II	Y	N/A	N
		NOTE: At an inspector's discretion, it may be acceptable for autopsy ex-situ dissections to be performed by medical students, residents and/or physician assistant students from accredited training programs if the office has a formal agreement to train such students as part of the educational process and if the trainees are directly supervised by a medical examiner/autopsy physician. The inspector must be satisfied that the level of supervision is appropriate.				
	i	Is all assistance rendered by pathology assistants, autopsy technicians or others without medical training performed in the physical presence of and under the direct supervision of a medical examiner/autopsy physician?	II	Y	N/A	N
	j	Are specimens routinely retained for toxicological and histological examination during autopsies?	II	Y	N/A	N
	k	Is there a written and implemented office policy which defines when radiographic examinations are to be performed?	I	Y	N/A	N
	l	Is there written and implemented office policy that defines when ancillary tests or procedures are to be undertaken (e.g., outlining when histological, toxicological, microbiologic, biochemical, genetic [including DNA], anthropological, and odontologic specimen collection, testing, or consultation is to be done or sought)?	I	Y	N/A	N
	m	Does the office have a written policy or standard operating procedure covering the retention and disposition of organ and tissue specimens taken at autopsy, that addresses whether, or under what circumstances, next-of-kin are to be notified of each retention?	II	Y	N/A	N

		<b>NOTE:</b> NAME recognizes the complexity and sensitivity of this issue, and acknowledges that either decision-to notify family members, or to avoid intrusion upon a family, is accepted and appropriate in the practice of death investigation.				
	n	Are samples routinely obtained for potential DNA analysis?	II	Y	N/A	N
	o	Are 90% of autopsies and external examinations performed within 48 hours from the time that medical examiner jurisdiction is accepted or coroner’s authorization is granted, or within 48 hours of receipt of the decedent if an externally referred autopsy?	I	Y	N/A	N
		<b>NOTE:</b> Some inspector discretion allowed. If an office does not perform autopsies and examinations on weekends or holidays, those days should not be included in the determination of the time between which jurisdiction is determined to the time that the autopsy or examination is performed. Circumstances such as delays related to long distance body transport, organ/tissue procurement, family religious beliefs/practices, education requirements and mass fatalities are appropriate exceptions to this item.				
	p	Are 90% of autopsies and external examinations performed within 72 hours from the time that medical examiner jurisdiction is accepted or coroner’s authorization is granted, or within 72 hours of receipt of the decedent if an externally referred autopsy?	II	Y	N/A	N
		<b>NOTE:</b> Some inspector discretion allowed. If an office does not perform autopsies and examinations on weekends or holidays, those days should not be included in the determination of the time between which jurisdiction is determined to the time that the autopsy or examination is performed. Circumstances such as delays related to long distance body transport, organ/tissue procurement, family religious beliefs/practices, education requirements and mass fatalities are appropriate exceptions to this item.				

<b>C 7 Evidence and Specimen Collection</b>			<b>P</b>		<b>Result</b>	
	a	Does the office have a written and implemented policy or standard operating procedure, signed within the last two years, covering evidence collection?	II	Y	N/A	N
	b	Does the office have a written and implemented policy or standard operating procedure, signed within the last two years, covering tissue and body fluid specimen collection?	II	Y	N/A	N

	c	Does the office have a written and implemented policy or standard operating procedure, signed within the last two years covering evidence and specimen disposition and destruction?	II	Y	N/A	N
	d	When collected, are autopsy tissue and fluid specimens individually collected; adequately packaged; properly labeled; appropriately preserved; and archived using a consistent and logical specimen numbering system?	II	Y	N/A	N
	e	Are specimen containers labeled with the case number and the date collected; the type of contents; the name of the deceased; the name of the medical examiner or the responsible physician?	II	Y	N/A	N
	f	Are specimens collected for microbiological evaluation placed into appropriate transport media or sterile containers?	II	Y	N/A	N
	g	Are microbiologic specimens promptly transported to the service laboratory?	II	Y	N/A	N
	h	In cases of suspected sexual contact are appropriate are sample(s) collected from decedent and made available to the investigating agency, including control sample(s) from the decedent?	II	Y	N/A	N
	i	Are bite marks swabbed for DNA, when appropriate?	II	Y	N/A	N
	j	Are DNA specimens retained indefinitely?	I	Y	N/A	N

<b>C</b>	<b>8</b>	<b>Chain of Custody</b>	<b>P</b>	<b>Result</b>		
	a	Are forms for chain of custody receipt in use?	II	Y	N/A	N
	b	Do chain of custody forms include the case number and/or name; description of the evidence; the persons involved in the transfer; date of transfer; and appropriate signatures?	II	Y	N/A	N
	c	Is the medical examiner able to assure the integrity of the chain of custody of evidentiary items, while under his or her control?	II	Y	N/A	N

**D. HISTOLOGY**

<b>D</b>		<b>HISTOLOGY</b>							
<b>D</b>	<b>1</b>	<b>Histological Laboratory Space</b>			<b>P</b>	<b>Result</b>			
		a	Does the office have access to histology services?			II	Y	N/A	N
		b	Is adequate space and equipment provided for tissue cutting and for histological preparation of microscopic slides, including an area for special staining methods?			II	Y	N/A	N
		c	Is each work station supplied with electricity and water and properly vented to remove solvent and fixative fumes?			II	Y	N/A	N

<b>D</b>	<b>2</b>	<b>Histology Practices</b>			<b>P</b>	<b>Result</b>			
		a	Are microscopic slides retained for at least ten years?			II	Y	N/A	N
		b	Are paraffin blocks stored in a cool area and retained for at least ten years?			II	Y	N/A	N
		c	In addition to routine H&E staining, are special stains available for microorganisms, iron, fat, and connective tissue?			II	Y	N/A	N
		d	Are special stains returned with appropriate control slides?			II	Y	N/A	N
		e	Are microscopic slides prepared, examined, and reported in all sudden infant deaths, and where feasible, in unexplained deaths, and where necessary to establish a tissue diagnosis?			II	Y	N/A	N
		f	Are formalin-fixed or paraffin-embedded tissues stored for at least one year in cases in which microscopic slides are not prepared?			I	Y	N/A	N
			<b>NOTE:</b> In cases involving skeletonized remains and other remains not suitable for embedding or microscopy, this checklist item would not apply.						

## E. TOXICOLOGY

E		TOXICOLOGY			P		Result	
E	1	Toxicological Laboratory Space			P	Result		
	a	Does the office have access to a forensic toxicology laboratory?			II	Y	N/A	N
	b	Does the toxicology laboratory have suitable space, equipment, scientific instrumentation, reagents, and supplies to manage the caseload?			II	Y	N/A	N
	c	Is there an appropriate and safe storage system in place for chemicals and reagents, and is there provision for recognition and proper disposal of outdated and expired items?			II	Y	N/A	N
	d	Is there a properly ventilated and maintained fume hood in the laboratory or available to laboratory personnel for handling dangerous or unpleasant samples of reactions?			II	Y	N/A	N

E		Toxicology Practices			P		Result	
E	2	Toxicology Practices			P	Result		
	a	Is the toxicology laboratory used by the office accredited by the American Board of Forensic Toxicology (ABFT), the College of American Pathologists (CAP), a state reference laboratory or another major accreditation body acceptable to NAME??			II	Y	N/A	N
	b	Is testing routinely available for ethanol and volatiles; carbon monoxide; major drugs of abuse; major acidic drugs; and major basic drugs?			II	Y	N/A	N
	c	Does the office have access to stat carbon monoxide testing?			I	Y	N/A	N
		<b>NOTE:</b> Toxicology by itself should not be used as a substitute for a forensic autopsy or as a substitute for a careful search of a death scene for health and safety hazards.						
	d	Are tests performed according to written standard operating procedures?			II	Y	N/A	N
	e	Does the toxicology laboratory participate in external drug proficiency testing for drugs of abuse, and are appropriate corrective actions undertaken and recorded when the results of this testing are outside of compliance limits?			II	Y	N/A	N
	f	Is there active monitoring of the laboratory for quality assurance, and are corrective actions taken when indicated?			II	Y	N/A	N
	g	Are 90% of toxicology examinations completed within 90 calendar days of case submission?			II	Y	N/A	N
	h	Are 90% of toxicology examinations completed within 60 calendar days of case submission?			I	Y	N/A	N

	i	If the office has computerized information management system, is there an appropriate security system in place to prevent intrusion, unauthorized release of information, or unauthorized addition, deletion, or alteration of data?	II	Y	N/A	N
	j	Is there a system to monitor and track overdue toxicology reports?	II	Y	N/A	N
	k	Does the office have a written policy in place to assure that the scope of the toxicology panels requested for its cases is reviewed within, at a minimum, every two years, with documentation?	I	Y	N/A	N

E	3	Toxicologists	P	Result		
	a	Does the Chief Toxicologist have formal training and experience in forensic toxicology?	II	Y	N/A	N
	b	Does the Chief Toxicologist hold a relevant doctoral degree from an accredited institution?	I	Y	N/A	N
	c	Is the Chief Toxicologist certified by the American Board of Forensic Toxicology (ABFT), certified by the National Registry of Certified Chemists (NRCC) or certified in toxicological chemistry by the American Board of Clinical Chemistry (ABCC) or the international equivalent?	I	Y	N/A	N

E	4	Toxicology Specimens	P	Result		
	a	Does the office have a written and implemented policy or standard operating procedure, signed within the last two years, for the collection of toxicology specimens?	II	Y	N/A	N
	b	Is peripheral blood rather than central blood used for toxicological testing whenever possible?	I	Y	N/A	N
	c	Is the site of collection (peripheral, central [heart/great vessels], dural sinus, chest cavity, subdural hematoma, etc.) of blood used for toxicology recorded?	II	Y	N/A	N
	d	Are specimens for toxicology promptly delivered to the toxicology laboratory or stored in a secure refrigerator or freezer until delivery is effected?	II	Y	N/A	N
	e	When toxicology is requested, is the toxicologist made aware of the circumstances surrounding the death and any medications which may have been taken by the decedent?	II	Y	N/A	N
	f	Are toxicological specimens retained for at least two months in routine cases and 1 year in homicide cases after receipt of report by the medical examiner?	II	Y	N/A	N
	g	In cases of delayed death in hospitalized victims, does the office attempt to obtain the earliest available specimen from the hospital when appropriate?	II	Y	N/A	N

		h	In deaths associated with the possible inhalation of toxic gases, are airway and lung specimens collected and stored in containers suitable for headspace analysis?	I	Y	N/A	N
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## F. REPORTS AND RECORD KEEPING

<b>F REPORTS AND RECORD KEEPING</b>							
<b>F</b>	<b>1</b>	<b>Reports and Record Keeping</b>			<b>P</b>	<b>Result</b>	
		a	Does the office have a written and implemented policy or standard operating procedure, signed within the last two years, covering reports and record keeping?	II	Y	N/A	N
		b	Is the record storage space secure, with controlled access, to ensure the integrity of the reports?	I	Y	N/A	N
		c	Are records kept in an orderly fashion for easy retrieval of data?	II	Y	N/A	N
		d	Are the original case reports, whether paper or electronic, retained by or available to the office?	II	Y	N/A	N
		e	Does each report prepared under the authority of the office include the name of the deceased, if known, and the case accession number?	II	Y	N/A	N
		f	Are there forms for initial notification of death; scene investigation; requests for autopsy reports; chain of custody; and authorization for release of reports and records if required by law?	II	Y	N/A	N
		g	Does the office have a written and implemented policy indicating professional staff responsibilities for completing unfinished or overdue cases in a set period of time which is reviewed at least every two years?	II	Y	N/A	N
		h	Are the run sheets of emergency medical technicians, emergency room records, and hospital charts available to the medical examiner in accepted cases?	I	Y	N/A	N
		i	In criminal cases and violent deaths, does the medical examiner have access to and obtain as needed the investigative findings of the police, fire department, and other investigative agencies?	II	Y	N/A	N
		j	Is a history of past medical illness and current treatment verified with the attending physician or by review of the decedent's medical and emergency treatment records in applicable cases?	II	Y	N/A	N
		k	Are all paper components of the death investigation in a given case filed in the same place, including investigative reports, scene reports, body examinations, supplemental laboratory reports and consultations, and follow-up information?	I	Y	N/A	N
		l	Are completed records located in a central record storage area?	II	Y	N/A	N
		m	If long term archival records are stored in a location off premises, are they secure and retrievable?	II	Y	N/A	N

	n	Is there sufficient record storage space available for a minimum of five years of current reports and records?	II	Y	N/A	N
	o	Do written and implemented guidelines detail the archiving and destruction times for all records?	I	Y	N/A	N
	p	Does the office have a written and implemented policy or standard method for filing, to include how, where, and which records are stored?	I	Y	N/A	N
	q	Does the office have a computerized information management system?	I	Y	N/A	N
	r	Where the office records are computerized, are they adequately backed up to prevent loss in case of computer malfunction or failure?	II	Y	N/A	N

<b>F</b>	<b>2</b>	<b>Release of Information</b>	<b>P</b>	<b>Result</b>		
	a	Are copies of official reports available to those individuals having a legitimate right to them?	II	Y	N/A	N
	b	Is there a written and implemented procedure regarding distribution of records and information?	I	Y	N/A	N
	c	Are copies of the applicable law, regulations, guidelines and, legal opinions available in regard to the release of records and information?	II	Y	N/A	N
	d	Does the office have a written and implemented policy regarding media contact?	I	Y	N/A	N
	e	Does the office have a primary person designed to release or to oversee the release of public information?	II	Y	N/A	N

<b>F</b>	<b>3</b>	<b>Investigative Reports</b>	<b>P</b>	<b>Result</b>		
	a	Are records of the initial case investigative contact available on every death reported to the office, whether or not jurisdiction is accepted?	II	Y	N/A	N
	b	Is there a routine reporting form to be filled out by death investigators for case acquisition?	II	Y	N/A	N
	c	Does the office maintain a log of each official case investigation performed by office investigators?	II	Y	N/A	N
	d	Is a written scene investigation report prepared by the office for every scene visited?	II	Y	N/A	N
	e	Do investigation reports include, as applicable, the history obtained from investigators and witnesses; past medical history; circumstantial history; scene observations; pertinent body findings and notations regarding photographs taken and evidence recovered?	II	Y	N/A	N

	f	Are diagrams or photographs or digital images prepared to clarify essential spatial relationships between the body, its environment, and any significant investigative facts such as blood, evidence, weapons/instruments, etc., where appropriate?	I	Y	N/A	N
	g	Are significant circumstantial and physical observations noted and recorded regarding the time of death, (including the presence, location and degree of rigor; the location, fixation, and color of postmortem livor; and, when indicated, the temperature of body and environmental temperature and climatic conditions)?	I	Y	N/A	N

F	4	Reports of Postmortem Examinations	P	Result		
	a	Is a written narrative autopsy report prepared in every autopsied case?	II	Y	N/A	N
	b	Are written notes taken for each autopsy that, along with review of photographs and other records, could be used as a basis for report generation if dictated tapes become lost or damaged?	I	Y	N/A	N
	c	Does the autopsy report include a description of external and internal findings, external and internal evidence of injury, review of organ systems, listing of diagnoses or summary of case findings, and opinions regarding the cause and manner of death?	II	Y	N/A	N
	d	Is there written documentation of a physical examination of the decedent's unclothed body prepared for every decedent whose body is examined?	II	Y	N/A	N
	e	Are clothing and personal effects examined and inventoried in all cases brought into the office for postmortem examination?	II	Y	N/A	N
	f	Are records kept identifying autopsy participants and observers who are from other agencies or entities?	I	Y	N/A	N
	g	Is a written list/catalog of histology sections taken, designating the organ or anatomic site from which the section was obtained, made for each autopsy that includes histology?	I	Y	N/A	N
	h	Are diagnoses or conclusions arrived at by microscopic examination (histology) included in the final autopsy report's list of diagnoses or summary of case findings or opinion section?	II	Y	N/A	N
	i	Is the cause and manner of death listed in the autopsy report consistent with that stated on the death certificate?	II	Y	N/A	N
		<b>NOTE:</b> In coroner jurisdictions, is there a system by which the cause and manner of death placed on the death certificate are made available to the autopsy surgeon?				
	j	Does the forensic pathologist sign the autopsy report after it has been transcribed, proofread, and corrected?	II	Y	N/A	N
	k	Are 90% of reports of all postmortem examinations completed within 90 calendar days from the time of autopsy?	II	Y	N/A	N

		l	Are 90% of reports of all postmortem examinations completed within 60 calendar days from the time of autopsy?	I	Y	N/A	N
		m	When a death is attributed to a drug or combination of drugs, either as the cause of death or as a contributing factor, does the forensic pathologist list the drug(s) by generic name(s) in the autopsy report AND on the death certificate (if the forensic pathologist is the certifying physician)?	I	Y	N/A	N

<b>F</b>	<b>5</b>	<b>Death Certificates</b>		<b>P</b>	<b>Result</b>		
		a	Does the office, in certifying the cause and manner of death, conform to the format of the death certificate prescribed by the local authorities?	II	Y	N/A	N
		b	Is standardized terminology of recognized disease nomenclature used in the filling out of death certificates?	I	Y	N/A	N
		c	(Medical Examiner Jurisdictions) Is the death certificate prepared and signed by the autopsy physician, the Chief Medical Examiner, or his or her (the medical examiner's) designee?	II	Y	N/A	N
		d	(Coroner Jurisdictions) Is there a system in place so that the death certificate's conclusions and wording reflect the findings and reasoning of the autopsy surgeon?	II	Y	N/A	N
		e	Are death certificates filed in a timely manner in keeping with the legal requirements of the jurisdiction or jurisdictions covered by the office?	II	Y	N/A	N
		f	When a death certification has been deferred or left pending, is there a mechanism in place that ensures that requisite information, tests, or data is sought, and that the certification is then completed in a reasonable time?	II	Y	N/A	N
		g	Does the office keep a current and up-to-date list of pending cases that includes unsigned and incomplete death certificates?	II	Y	N/A	N
		h	Are copies of death certificates of all cases in the case files or somehow retrievable?	II	Y	N/A	N

<b>F</b>	<b>6</b>	<b>Photographic Records and Practices</b>		<b>P</b>	<b>Result</b>		
		a	Is there a designated staff member responsible for the inventory, care, and maintenance of the photographic equipment and supplies?	I	Y	N/A	N
		b	Is an identifying label included in each photograph such that the label does not obscure the identifying features of the decedent; or alternatively, does at least one photograph per set of photographs in a given case include a label to permit post process labeling of film?	II	Y	N/A	N

	c	Are photographs taken prior to examination or processing of trace evidence, foreign material, blood patterns, and other items important for determining the cause and manner of death or necessary for medicolegal interpretation or presentation?	II	Y	N/A	N
	d	Are orientation photographs (photographs of the same area from a distance or with a frame of reference) taken when close-up photographs are taken?	I	Y	N/A	N
	e	Is at least one measurement scale included in close-up photographs, with evidence photographs, and in those cases when no frame of reference is present in the field of view?	II	Y	N/A	N
	f	Is an American Board of Forensic Odontology (ABFO) scale included in all bite mark photographs?	I	Y	N/A	N
	g	Are all photographs and any negatives labeled and filed in a retrievable manner?	II	Y	N/A	N
	h	Does the office document pertinent external and internal findings photographically?	II	Y	N/A	N
	i	Is at least one identification photograph taken of all bodies brought to the office?	II	Y	N/A	N
	j	Is there photographic documentation of pertinent findings in suspected homicides?	II	Y	N/A	N
	k	In cases of homicide or suspected homicide, if digital photographic imaging is used, is a backup system employed such as supplementary film photography, or is collateral photography performed by law enforcement personnel or by another agency or is the success of digital photographs verified at the time of autopsy so as to foreclose the unavailability of appropriate photographic documentation?	I	Y	N/A	N
	l	Are digital photographs backed up daily, in a location separate from the original, so that a computer failure would not result in permanent loss?	II	Y	N/A	N
	m	Are electronic photograph files copied and stored in at least two locations to prevent loss from a computer malfunction?	I	Y	N/A	N

## G. PERSONNEL AND STAFFING

<b>G</b>		<b>PERSONNEL AND STAFFING</b>				
<b>G</b>	<b>1</b>	<b>Personnel</b>	<b>P</b>	<b>Result</b>		
	a	Does the office have a written and implemented policy, signed within the last two years, covering personnel issues?	II	Y	N/A	N
	b	Has a copy of the personnel policies been distributed to all personnel?	II	Y	N/A	N
	c	Are all new personnel provided information on the written policies of the office during orientation?	II	Y	N/A	N
	d	Are there written and implemented procedures for discipline and removal of staff for cause?	II	Y	N/A	N
	e	Does the office have a written policy in place reviewed within the last two years for infectious disease testing and/or vaccination, as appropriate, (e.g. viral hepatitis, tuberculosis) for office staff?	II	Y	N/A	N

<b>G</b>		<b>Professional Staff - Medical Examiners</b>				
<b>G</b>	<b>2</b>	<b>Professional Staff - Medical Examiners</b>	<b>P</b>	<b>Result</b>		
	a	Is the Chief Medical Examiner or the Coroner's autopsy surgeon a pathologist granted, by the American Board of Pathology (or an international equivalent approved by the inspection and accreditation committee), a certificate of qualification for the practice of Forensic Pathology, and does he or she have at least two years of forensic pathology work experience beyond forensic pathology residency/fellowship training?	II	Y	N/A	N
	b	Is the Chief Medical Examiner licensed to practice medicine or osteopathy by the appropriate state or jurisdictional authority granting such licenses where the office is located?	II	Y	N/A	N
	c	Is the Chief Medical Examiner employed full time, and are the office duties his or her primary professional obligation?	II	Y	N/A	N
	d	When the Chief Medical Examiner is not available, is a deputy Chief Medical Examiner or an associate medical examiner who possesses qualifications similar to those of the Chief Medical Examiner available in an alternate capacity?	I	Y	N/A	N
		<b>NOTE:</b> In small offices staffed by one or a few physicians, the practicalities of coverage should be considered. At times when regular physician coverage is, of necessity, unavailable, is there a policy or practice specifying reasonable alternative autopsy decision-making responsibility?				

	e	When the Chief Medical Examiner is not available, is there a deputy Chief Medical Examiner or an associate medical examiner who is licensed to practice medicine or osteopathy by the appropriate state or jurisdictional authority granting such licenses where the office is located?	II	Y	N/A	N
	f	Are all associate/deputy medical examiners or physicians responsible for autopsies pathologists who have completed a training program in anatomic pathology accredited by the Accreditation Council for Graduate Medical Education (ACGME) or equivalent?	II	Y	N/A	N
	g	Are all associate/deputy medical examiners or physicians responsible for postmortem examinations and autopsies licensed to practice medicine or osteopathy by the appropriate state or jurisdictional authority granting such licenses where the office is located?	II	Y	N/A	N
	h	Are all associate/deputy medical examiners or physicians ultimately responsible for autopsies pathologists who are board certified in anatomic pathology by the American Board of Pathology and who have completed at least one year of supervised training under the supervision of a forensic pathologist certified by the American Board of Pathology (or an international equivalent approved by the inspection and accreditation committee), or are they themselves so certified?	I	Y	N/A	N
		<b>NOTE:</b> One Phase I for each unqualified physician.				
	i	Is the medical staff of sufficient size that no autopsy physician is required to perform more than 325 autopsies/year? (See note after G2j)	II	Y	N/A	N
	j	Is the medical staff of sufficient size that no autopsy physician is required to perform more than 250 autopsies/year?	I	Y	N/A	N
		<b>NOTE 1:</b> In considering compliance with items G2i and G2j, it should be recognized that within a working team, duties and activities are often divided in such a way that one or more team members might perform in excess of the permitted number of autopsies. This is not a per se deficiency unless the autopsy load and the size of the pathology workforce would make it inevitable that the limit would be exceeded.				
		<b>NOTE 2:</b> For the purpose of calculating autopsies per pathologist in G2i and G2j, fellows may be counted as one-half a pathologist position, but residents in training should not be included in the fractional denominator.				

		<b>NOTE 3:</b> For the purpose of calculating autopsy load in items G2i and G2j, the workload from external examinations should also be considered. Three to five formal (dictated or written) external examinations (depending on their complexity) should be considered to be equivalent to one complete autopsy. For example, a workload of 200 complete autopsies and 150 external examinations would be equivalent to 250 autopsies. Further consideration should be given to autopsy coverage that entails travel to a separate facility. The inspector should adjust the calculation to reflect the time required. For example, two hours of travel time should be considered equivalent to one autopsy.				
		<b>NOTE 4:</b> For the purpose of calculating the autopsies per pathologist in G2i and G2j, the administrative and leadership duties of the department chief should be considered. In large and complex offices, the chief may spend almost all of his or her time in non-autopsy activities; in such instances, that position should be eliminated from the fractional denominator. By contrast in a small office or in an office organized so that administrative duties are not a substantial burden, it may be appropriate to make only a modest reduction of the fractional denominator.				
		<b>NOTE 5:</b> For the purpose of calculating the autopsies per pathologist in G2i and G2j, other significant responsibilities should be taken into consideration. For example, pathologists with significant collateral responsibilities in academic, surgical pathology, laboratory work, research, consulting, or other assignments should be reflected by an appropriate readjustment of the fractional denominator.				
	k	Are all medical staff licensed to practice medicine in all jurisdictions covered by the office?	II	Y	N/A	N
	l	Does the office have a written and implemented policy, signed within the last two years, on medical staff performing autopsies or medicolegal consultations outside the office?	II	Y	N/A	N

<b>G</b>	<b>3</b>	<b>Medical Investigators</b>	<b>P</b>	<b>Result</b>		
	a	Are there written and implemented qualifications established for medical investigators?	II	Y	N/A	N
	b	Have medical investigators received specific training in the policies and procedures of the office?	II	Y	N/A	N
	c	Is the office's chief investigator or is at least one principal investigator a Registered Diplomate of the American Board of Medicolegal Death Investigators?	I	Y	N/A	N

	d	Are a majority of the medical investigators who have worked in the office for over 5 years Registered Diplomates or Board Certified Fellows of the American Board of Medical Death Investigators?	I	Y	N/A	N
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<b>G</b>	<b>4</b>	<b>Other Personnel (Technical)</b>	<b>P</b>	<b>Result</b>		
	a	Does the office have written and implemented policies for the qualifications and training necessary for all technical staff (e.g., histotechnologists, radiology technicians, etc.)?	I	Y	N/A	N
	b	Is there sufficient technical staff coverage to handle the routine daily caseload for autopsy assistance?	II	Y	N/A	N
	c	Is there sufficient technical staff coverage to handle the routine daily caseload for histology?	I	Y	N/A	N
	d	Is there sufficient technical staff coverage to handle the routine daily caseload for forensic photography?	I	Y	N/A	N
	e	Is there sufficient technical staff coverage to handle the routine daily caseload for radiology?	II	Y	N/A	N
	f	Is there sufficient technical staff coverage to handle the routine daily caseload for toxicology?	I	Y	N/A	N
	g	Is there sufficient technical staff coverage to handle the routine daily caseload for investigations 24/7?	II	Y	N/A	N

<b>G</b>	<b>5</b>	<b>Other Personnel (Non-Technical)</b>	<b>P</b>	<b>Result</b>		
	a	Is there sufficient non-technical staff coverage to handle the routine daily caseload for administration?	II	Y	N/A	N
	b	Is there sufficient non-technical staff coverage to handle the routine daily caseload for visitor reception?	II	Y	N/A	N
	c	Is there sufficient non-technical staff coverage to handle the routine daily caseload for medical transcription?	II	Y	N/A	N
	d	Is there sufficient non-technical staff coverage to handle the routine daily caseload for records keeping?	II	Y	N/A	N
	e	Is there sufficient non-technical staff coverage to handle the routine daily caseload for data analysis?	I	Y	N/A	N
	f	Is there sufficient non-technical staff coverage to handle the routine daily caseload for body handling and transportation?	II	Y	N/A	N
	g	Is there sufficient non-technical staff coverage to handle the routine daily caseload for maintenance and cleaning?	II	Y	N/A	N

<b>G</b>	<b>6</b>	<b>Professional Credentials and Privileges</b>	<b>P</b>	<b>Result</b>		
	a	Is licensure of the medical staff verified at the time of initial employment?	II	Y	N/A	N

	b	Is continued current licensure of the medical staff verified annually?	I	Y	N/A	N
	c	Does the Chief Medical Examiner evaluate the performance of each member of the professional staff at least once each year if such evaluations are permissible under local statutes or labor contracts?	I	Y	N/A	N

G 7 Staff Training and Continuing Education			P	Result		
	a	Is each licensed professional employee required to, and given time to, participate in continuing education?	II	Y	N/A	N
	b	Is sufficient funding provided to each licensed professional employee for office approved and professionally required continuing education?	I	Y	N/A	N
	c	Is there continuing education available for all medical investigators?	I	Y	N/A	N
	d	Are operators of radiologic equipment properly trained?	II	Y	N/A	N
	e	Are all staff members, medical and nonmedical, who perform duties in a training capacity continually supervised and monitored by a qualified practitioner?	II	Y	N/A	N
	f	Is there a mechanism whereby the signed reports of trainees in forensic pathology are reviewed and approved in writing by a faculty pathologist?	II	Y	N/A	N
	g	Are the reports of trainees in forensic pathology who are not licensed to practice medicine in the state where they are training cosigned by a faculty pathologist?	II	Y	N/A	N
	h	If the office has training program for forensic pathologists, is the program accredited by the American Council for Graduate Medical Education (ACGME)?	II	Y	N/A	N

G 8 Performance Evaluation and Monitoring			P	Result		
	a	Do in-house laboratories participate in external proficiency tests?	II	Y	N/A	N
	b	Does the medical staff participate in external check samples and/or proficiency surveys?	I	Y	N/A	N
	c	Are staff sign-out conferences regularly scheduled for discussion and disposition of pending and problem cases?	I	Y	N/A	N
		<b>NOTE:</b> At an inspector's discretion in small offices, scheduled formal discussions may be replaced by evidence of readily available informal consultation among staff or with outside consultants.				
	d	Is there a system in place for annual review of autopsy performance and quality of associated reports?	II	Y	N/A	N

## H. SUPPORT SERVICES AND CONSULTANTS

H		SUPPORT SERVICES AND CONSULTANTS					
H	1	Support Services			P	Result	
	a	Does the office have written and implemented policies or standard operating procedures, signed within the last two years, covering each of the below support services including toxicology, radiology, histology, forensic sciences, and Criminalistics?	I	Y	N/A	N	
		<b>NOTE:</b> One Phase I deficiency for each missing policy.					

H	2	Criminalistics/Forensic Science Examinations			P	Result	
	a	Are laboratory services available to perform fingerprinting; serologic and/or DNA testing; ballistics; and trace evidence examination?	II	Y	N/A	N	
	b	Is the crime laboratory accredited by an Accreditation body who is a signatory to the International Laboratory Accreditation Cooperation (ILAC) Mutual recognition Arrangement (MRA) and offers forensic laboratory accreditation services or a major accreditation body acceptable to NAME?	I	Y	N/A	N	

H	3	Microbiology			P	Result	
	a	Does the office have microbiology laboratory services available?	II	Y	N/A	N	
	b	Is the microbiology laboratory accredited by the College of American Pathologists (CAP) or equivalent?	II	Y	N/A	N	

H	4	Clinical Chemistry			P	Result	
	a	Are diagnostic clinical chemistry tests available for analysis of postmortem specimens?	II	Y	N/A	N	
		<b>Note:</b> This checklist item refers to clinical laboratory tests such as metabolites, electrolytes, enzymes, and hormones. This testing is separate and distinct from toxicology.					
	b	Is the clinical chemistry testing performed by a laboratory accredited by the College of the American Pathologists (CAP) or does it have equivalent certification?	II	Y	N/A	N	
		<b>Note:</b> Unless the office's toxicology laboratory is also performing clinical chemistry tests, the provided laboratory accreditation certificate should be for a different entity than the toxicology					
H	5	Molecular Genetics			P	Result	
	a	Does the office have access to medical molecular genetics (DNA) laboratory services when indicated?	I	Y	N/A	N	

<b>H</b>	<b>6</b>	<b>Consultations</b>	<b>P</b>	<b>Result</b>		
	a	Does the office arrange for the availability of expert consultants in neuropathology; forensic dentistry/odontology; forensic anthropology; and radiology?	II	Y	N/A	N

<b>H</b>	<b>7</b>	<b>Consultants</b>	<b>P</b>	<b>Result</b>		
	a	Is the office affiliated with a forensic anthropologist board certified by the American Board of Forensic Anthropology (ABFA)?	I	Y	N/A	N
	b	Is the office affiliated with a forensic odontologist board certified by the American Board of Forensic Odontology (ABFO)?	I	Y	N/A	N
	c	Are other consultants (e.g., neuropathologists, pediatric pathologists, radiologists, etc.) formally trained in their respective specialties?	I	Y	N/A	N
	d	Does the office have ready access to legal advice and consultation in matters relating to the interpretation and implementation of its governing statute or statutes and on other (civil) legal matters?	I	Y	N/A	N
	e	Does the office maintain a file documenting the legal advice and consultation that has been received?	I	Y	N/A	N

<b>H</b>	<b>8</b>	<b>Consultation and Laboratory Reports</b>	<b>P</b>	<b>Result</b>		
	a	Are the reports of consultations and laboratory tests pertinent to determining cause and manner of death (ballistics, trace evidence, etc.) incorporated into the official records of the case whenever such tests are performed and when such inclusion is permitted by the consultant's policies and state or local regulations or statutes?	I	Y	N/A	N
	b	Are request forms available for supplemental laboratory and consultative services?	I	Y	N/A	N
	c	Are consultations and laboratory tests tracked and monitored by the office for chain of custody; status of completion; expected return time; billing information; and return of residual specimens, as applicable?	I	Y	N/A	N