



**Forensic Science  
Regulator**

## **Guidance: Declarations of Compliance and Non-Compliance with the Code of Practice**

**FSR-GUI-0001**

**Issue 1.0**

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## Introduction

- 1.1.1 This document sets out guidance on declaring compliance with the statutory Forensic Science Regulator's (the Regulator) Code of Practice (the Code) [1] that comes into force on 2nd October 2023.
- 1.1.2 The document is issued by the Regulator in line with Section 9(1) of the Forensic Science Regulator Act (the Act) [2], as a guidance document for practitioners on making declarations in relation to the Regulator's requirements as per Section 3.1.6 of the Code: 'The Regulator may also provide guidance in relation to undertaking [forensic science activities] FSAs (whether covered by this Code or not) in England and Wales...Non-compliance with the guidance does not, by itself, establish non-compliance with the Code, but any forensic unit which does not comply with guidance (e.g. chooses another approach to achieving requirements) shall be capable of showing how the requirements of the Code have been met.'
- 1.1.3 The Code defines a practitioner as someone, whether an employee of the forensic unit or not, who is directly involved in undertaking an FSA. It is not determined by job title, or even whether conducting the FSA as part of a wider role, including but not limited to police officers and staff.
- 1.1.4 The Criminal Practice Directions 2023 [3] 7.1.4 (h) state that 'a lack of an accreditation or other commitment to prescribed standards' requires disclosure to enable full assessment of the reliability of any (expert) evidence. The Crown Prosecution Service and the Regulator have determined that as experts are required to include such information and this also meets the Criminal Procedure and Investigations Act 1996 requirement, the most appropriate disclosure route for all those reporting forensic science activities whether factual or opinion based should include such information within the statement/report. The Code sets out the requirement as well as the general form of the declaration, or in terms substantially the same. This guidance outlines various compliance scenarios and suggests standard wording for making such declarations. Practitioners are encouraged to adopt

these standard wordings within statements/reports to facilitate consistency and ease of understanding for those utilising the reports within the criminal justice system (CJS). Where this guidance refers to 'statement/report', this means statements or reports which are intended to support the judicial process, including SFR1.

1.1.5 From 2nd October 2023, a practitioner undertaking forensic science activities that are subject to the Code shall make a declaration of compliance or non-compliance with the Code in a statement/report as set out in the Code at section 37.2, covering all FSAs referenced in that statement/report.

1.1.6 To be compliant with the Code from the 2nd October 2023, practitioners shall:

- a. meet all the FSA-specific requirements in the Code, including where required, holding any accreditation for any forensic science activity (or sub-activity) for the work conducted.
- b. include the Code on the accreditation schedule if required in the FSA definition.

1.1.7 Any practitioner that has not complied with the statutory Code by fulfilling 1.1.5 above by 2nd October 2023 for all aspects of the work being reported on shall be considered to be non-compliant with the Code and shall declare non-compliance with the Code.

1.1.8 This document also outlines how practitioners declaring non-compliance to the Code can contextualise the non-compliance through the use of an annex to the report/statement further breaking down to beyond sub-activity level (where required) to detail where there is compliance to the Code, where accreditation is held or how they have otherwise ensured quality considerations.

## **2. Compliance with the code**

2.1.1 A declaration of compliance or non-compliance with the Code is required in all statements/reports supplied to support the judicial process. Section 38 of

the Code outlines some types of statement/report in the CJS, although this is not an exhaustive list.

- 2.1.2 Compliance with the Code is binary. Therefore, if a practitioner is undertaking any aspect of an FSA that requires compliance with the Code, but is not compliant for that activity, then the practitioner will have to declare non-compliance. The practitioner should, through the use of an annex, provide further detail on the mitigations to the non-compliance, see section 4.1 below.
- 2.1.3 Infrequently commissioned experts should refer to the requirements and text contained in section 46.2.1 of the Code.
- 2.1.4 There is a transition period between the date the Code received parliamentary approval until the Code comes into force on 2nd October 2023. During this transition period, UKAS will be assessing organisations which already have issue 7 of the non-statutory codes within their schedule, for compliance against the Code. This will create a framework to transition organisations that are already compliant with the non-statutory codes to the statutory Code. If an organisation is not transitioned to the new Code by 2nd October 2023, then the practitioner will have to declare non-compliance with the Code.
- 2.1.5 As of 2nd October 2023, the previous non-statutory codes will be withdrawn and cease to be applicable to any FSAs conducted on or after that date and the statutory Code will supersede the requirements of these.
- 2.1.6 Prior to 2nd October 2023 there is no requirement to declare compliance or non-compliance with the statutory Code.

### **3. Declarations text**

- 3.1.1 The Code sets out the relevant declarations to be made in Section 37.2.2, as follows:

- 3.1.2 ‘All practitioners reporting on FSAs requiring compliance with the Code shall declare/disclose compliance with this Code in reports intended for use as evidence in the following terms, or in terms substantially the same:
- a. ‘I confirm that, to the best of my knowledge and belief, I have complied with the Code of Practice published by the statutory Forensic Science Regulator [insert issue\*]; or
  - b. ‘I confirm that, to the best of my knowledge and belief, I have complied with the Code of Practice published by the statutory Forensic Science Regulator [insert issue\*] for infrequently used methods or new methods. As this method is not within the schedule of accreditation, annex [x] details the steps taken to comply with the specific requirements to control risk’; or
  - c. ‘I have not complied with the Code of Practice published by the statutory Forensic Science Regulator [insert issue\*]. The details of this non-compliance are included to the best of my knowledge and belief in annex [x], with details of the steps taken to mitigate the risks associated with non-compliance.’”

3.1.3 \* This refers to the issue/version of the statutory Code. Either issue or version can be used.

## 4. Choosing the right declaration

### 4.1 General

4.1.1 On 2nd October 2023, practitioners will need to declare compliance or non-compliance with the Code in all statements/reports. This section outlines in certain scenarios which declaration the practitioner should use, depending on their compliance situation.

4.1.2 The purpose of the declaration is to ensure a consistent approach to identify to the Court whether the FSA performed meets the required quality standards, as evidenced by compliance to the FSR’s statutory Code. Therefore, the declarations provided are brief and succinct. The practitioner



should ensure that any detail that is relevant to the Court is included in an annex to the statement/report. This includes mitigating actions to ensure quality in the event of non-compliance, and for complex cases involving multiple FSAs, to stipulate which FSAs are non-compliant with the Code.

## 4.2 Details of non-compliance and mitigating steps

4.2.1 The declarations of compliance or non-compliance with the Code are binary and unless a practitioner has fully complied with the Code, as regards FSAs referenced in that statement/report, then they must declare non-compliance. However, it is acknowledged that forensic units may be compliant for some or most of the FSAs or sub-activities which they are reporting on even if they are declaring non-compliance to the Code. The Code section 37.2.3 requires that in instances of non-compliance, the practitioner should outline in an annex detail of and mitigations to the non-compliance, and for it to address the following issues:

- a. Competence of the practitioners involved in the work.
- b. Validity of the method employed.
- c. Documentation of the method employed.
- d. Suitability of the equipment employed (including the approach to maintenance and calibration).
- e. Suitability of the environment in which the work is undertaken.

4.2.2 There are other mitigations such as participation in proficiency trials which may be as reassuring, however to allow a consistent approach, appendix A of this guidance provides an example table of mitigations for cases of non-compliance using these categories. The table prompts those to include relevant accreditation.

4.2.3 The table allows the practitioner to provide detail to sub activity level where required and the quality mitigations.

4.2.4 Appendix A also contains an example table of mitigations for FSA-DIG 300 - Recovery and processing of footage from closed-circuit television

(CCTV)/video surveillance systems (VSS), which permits an alternative compliance route to the NPCC framework or to the Code.

- 4.2.5 When selecting a declaration as per this guidance, practitioners should also select the corresponding table of mitigations for their FSA or provide those details in another format that satisfies the requirements of the Code.
- 4.2.6 If more than one FSA is being reported on in the report, then there should be one annex/table for each FSA for which the practitioner is declaring non-compliance to the Code. These should be clearly referenced in the statement/report to ensure the correct annex is considered.

### **4.3 Full compliance with Code**

- 4.3.1 Practitioners who have complied with the Code for all the forensic science activities/sub-activities being reported, should make a declaration of compliance with the Code, as per 3.1.1(a).
- 4.3.2 Practitioners should also declare within the statement/report which FSA(s) is being referred to, for the benefit of the court.

### **4.4 Non-compliance with the Code**

- 4.4.1 The following scenarios will require a statement of non-compliance to the Code as per 3.1.1(c) and outline in an annex further detail showing where there is non-compliance and mitigating factors to the non-compliance:
- a. Practitioners who have not complied with the Code for some or all of the forensic science activities/sub-activities being reported, where the Code requires it.
  - b. When a practitioner's forensic unit does not hold accreditation for some or all of the forensic science activities/sub-activities being reported, where the Code requires it.
  - c. When a practitioner's forensic unit holds accreditation for some or all of the forensic science activities/sub-activities being reported, where the Code requires it, but the Code is not yet on their schedule of accreditation.

## 4.5 Accredited FSAs

- 4.5.1 UKAS Publication 'GEN 6 Reference to accreditation and multilateral recognition signatory status by UKAS accredited bodies' [4] requires that all accredited forensic units clearly reference accreditation on all reports/statements relating to accredited activities.
- 4.5.2 The reference to accreditation shall without variation be achieved by using the phrase 'a UKAS accredited testing laboratory or inspection body No. XXXX' and include the relevant UKAS accreditation number displayed on the corresponding UKAS schedule of accreditation as per UKAS Publication 'GEN 6 Reference to accreditation and multilateral recognition signatory status by UKAS accredited bodies'. This recognises the legal requirements under Criminal Procedure Rule 19.4 that an expert's report must give details of the expert's accreditation.
- 4.5.3 GEN 6 requires that when reports/statements, incorporating reference to UKAS accreditation, contain results from both accredited and non-accredited forensic activity, the non-accredited work shall be clearly identified. This can be achieved through the use of mitigations table in the annex to the report.

## 4.6 FSAs requiring delayed compliance to the Code

- 4.6.1 FSA-DIG 200 'Cell site analysis for geolocation' and FSA-BIO 100 'Forensic examination of sexual offence complainants', are required to comply with the Code within 24 months from when the Code comes into force. Forensic practitioners carrying out these FSAs therefore have no requirement to declare compliance or non-compliance to the Code until 2nd October 2025. Practitioners should, for the benefit of the Court, state that the Code does not apply until 24 months after the Code comes into force. Suggested wording is as follows:
- 4.6.2 'FSA-DIG 200 – cell site analysis for geolocation, does not require compliance to the Code of Practice published by the statutory Forensic Science Regulator [insert issue] until 2nd October 2025 therefore there is

currently no requirement to declare compliance or non-compliance to the Code.’

4.6.3 If a practitioner’s forensic unit holds accreditation and they have complied with the Code for either of these FSAs before the requirement to be compliant, then the practitioner may declare that they have complied with the Code and state that there is no requirement to yet, for example as follows:

4.6.4 ‘FSA-BIO 100 – Forensic examination of sexual offence complainants, does not require compliance to the Code of Practice published by the statutory Forensic Science Regulator [insert issue] until 2nd October 2025 therefore there is currently no requirement to declare compliance or non-compliance to the Code. However, I confirm that to the best of my knowledge and belief I have complied with the Code’.

## 4.7 **FSAs that do not require compliance to the Code**

4.7.1 FSAs that are not subject to this version of the Code do not require compliance with the Code and therefore practitioners are not required to declare compliance or non-compliance with the Code for these FSAs. However, practitioners should, for the benefit of the Court, declare that the Code does not apply in these circumstances. This does not infer compliance with the Code, just that the Code does not apply.

4.7.2 ‘FSA-DTN 104 – Toxicology: alcohol technical calculations, is not subject to the Code of Practice [issue] published by the statutory Forensic Science Regulator. Therefore, there is currently no requirement to declare compliance or non-compliance to the Code.’

4.7.3 If a forensic activity required compliance and declaration of such in the non-statutory codes, but are not subject to the statutory Code, then as of 2nd October there is no longer a requirement for compliance and declaration of such. For example, for collision investigation, the non-statutory codes version 7 states ‘Any legal entity conducting collision investigation must gain accreditation by October 2022 for at least the lead region, with the remaining regions/sites becoming accredited by October 2023’. However, there is no

requirement for compliance to the statutory Code, so practitioners undertaking collision investigation need not declare compliance or otherwise as of 2nd October 2023 and should declare the Code does not apply as per 4.5.1.

## **4.8 Activities and reports spanning the date the Code comes into force**

4.8.1 Statements/reports should declare compliance or otherwise to the requirements that were applicable at the time of the analysis. Where forensic work spans the period before the Code comes into force and the statement/report being written after the Code comes into force, then the practitioner should reflect this in the statement/report and provide two declarations: one stating which work was carried out prior to the Code coming into force and declare whether or not it was compliant with the non-statutory codes that were applicable at the time; and another stating which work was carried out after the Code came into force and in terms of the FSAs carried out, declare whether or not it was compliant with the statutory Code.

## **4.9 Infrequently used methods**

4.9.1 If a practitioner is carrying out an infrequently used method (as per section 30.14 of the Code), and is compliant with the requirements of the Code, then declaration 3.1.1(b) should be used. This only applies to infrequently used methods. New methods that were being treated as infrequently used methods, but have become 'frequently used methods', and do not comply with the requirements of the Code will have to be declared as non-compliant with the Code until they are fully compliant.

## **4.10 Changes of compliance status**

4.10.1 The Code outlines that forensic units shall promptly and as soon as practicable report to the Regulator any suspension, withdrawal, or change in their accreditation status where the suspension, withdrawal or change in

accreditation means that the practitioner is no longer compliant with the Code. If a forensic unit experiences a suspension, withdrawal or change in accreditation status following the provision of the report(s) for a case, the practitioner is also obliged to notify the commissioning party “immediately and confirm in writing if for any reason (the) existing statement/report requires any correction or qualification” as per section 7.2.1 (10) of the Criminal Practice Directions 2023.

- 4.10.2 If the suspension, withdrawal or change in accreditation status impacts the case being reported on, for example if accreditation was retroactively withdrawn to a date prior to the analysis was carried out, then this will reflect a change in compliance to the Code pertaining to the case and therefore a declaration of non-compliance will be required.

#### **4.11 Exigent circumstances**

- 4.11.1 Section 44.4.1 of the Code outlines that there may be scenarios considered ‘exigent circumstances’, as defined in the Code, and where a non-accredited method had to be used due to circumstances out of the practitioners control.
- 4.11.2 Exigent circumstances only apply to a limited number of scenarios, primarily related to wide scale emergency or extreme events.
- 4.11.3 In the event of exigent circumstances being declared, the practitioner should declare non-compliance with the Code and outline in the annex the exigent circumstances which led to this non-compliance and evidence supporting quality considerations.

#### **4.12 Other types of compliance not involving accreditation**

- 4.12.1 The Code permits alternative compliance routes in a select number of FSAs, which means there are alternative declarations which may be used if the conditions set out in the Code to use the alternative are met. The following FSAs have such alternatives and are detailed further in this section.

### **FSA - MTP 200 - Footwear: coding**

4.12.2 This FSA can be undertaken without accreditation provided the forensic unit adheres to the NPCC's Framework for Footwear Coding and demonstrates this. Without adherence to the framework nor accreditation this activity shouldn't be carried out so there is no corresponding declaration of non-compliance.

'I confirm that, to the best of my knowledge and belief, I have complied with the NPCC Framework for Footwear Coding [insert issue] as required by the statutory Forensic Science Regulator.'

### **FSA - DIG – 100: Data capture, processing and analysis from digital storage devices**

4.12.3 Data capture, processing and analysis from digital storage devices has for one of the sub-activities an accredit-once-deploy-many permitted alternatives for configured off-the-shelf tools deployed as kiosks. The Code (implementation section of the digital forensic FSA specific requirement in 108.3.12 - 108.3.15) outlines the specific compliance requirements for this FSA and a suggested declaration.

- a. Reports intended for use in evidence shall clearly declare the status of the work against the Code
- b. deployments covered under the accreditation scope should use the standard statement of compliance
- c. further deployments conducted in line with the Code, but unaccredited, shall be reported with the following declaration:

'I confirm that, to the best of my knowledge and belief, I have complied with the requirements in the Code of Practice published by the Forensic Science Regulator [insert issue] for using a configured tool which is not included on the accreditation schedule.'

### **FSA - DIG 300 - Recovery and processing of footage from closed-circuit television (CCTV)/video surveillance systems (VSS)**

4.12.4 Where the forensic unit is performing and reporting on findings from this FSA, according to the NPCC's Framework for Video Based Evidence rather than accreditation, the forensic unit should make the following declaration:

'I confirm that, to the best of my knowledge and belief, I have complied with the NPCC Framework for Video Based Evidence [insert issue] as required by the statutory Forensic Science Regulator.' or

'I have not complied with the NPCC Framework for Video Based Evidence [insert issue]. The details of this non-compliance are included to the best of my knowledge and belief in annex [x], with details of the steps taken to mitigate the risks associated with non-compliance.'

4.12.5 An example table of mitigations is outlined in part c of the appendix to this guidance if neither the framework is complied with, nor accreditation held.

### **FSA - MTP 601 - Examination, analysis and classification of firearms, ammunition and associated materials**

4.12.6 Under this FSA, the Regulator has agreed a process in the event that an urgent firearms classification is required to support a remand in custody application where it is not feasible to undertake this to the timescales using an accredited process. The forensic unit must declare this as follows:

'To the best of my knowledge, this work has complied with the requirements described in the Code for urgent firearms classification to support a remand in custody application and the firearm will be submitted to a forensic unit which holds accreditation for this activity.'

### **FSA - DIG 101 - Analysis of communications network data**

4.12.7 The final alternative declaration appears in FSA-DIG 101- Analysis of Communications Network Data. It is not subject to the Code and has no requirement set for compliance or accreditation, however, some of the output resembles closely that of FSAs which are subject to the Code, but are



intended for an alternative purpose. To ensure that the output of the FSAs are not confused, the following declarations should be used when reporting the results of activities under this FSA:

‘This forensic information is not intended as evidence’ and instructions to the investigator in the following terms, or in terms substantially the same:

‘The forensic information contained in this report is based on the information provided and contains initial findings and/or assessment of a crime scene and item(s)/exhibit(s). It is provided to the police investigator to support a line of enquiry and/or establish if there is evidential value in proceeding with the forensic information. Should further forensic analysis or comparison be required in this case, the investigator must contact the relevant practitioners with their requirements.’

- 4.12.8 Any products or reports produced under this FSA are not intended for court use or court presentation unless evaluated by a practitioner and adopted. Any products or reports that are used for court presentation which overlap with any other FSA are subject to the compliance criteria of that FSA.

## **5. Declarations whilst subject to the enforcement process**

- 5.1.1 Practitioners subject to the enforcement action under Sections 6 of the Act may be required to make specific declarations as to that fact as stated in sections 24.5 and 37.1.6 of the Code.
- 5.1.2 Compliance Notices may be applied at different levels within an organisation: individual level, FSA level and organisational level, with different requirements for declarations:
- a. If a Compliance Notice is served at an individual level, then the individual must declare it on all of their reports/statements and all reports/statements where the individual was involved.

- b. If a Compliance Notice is served at FSA-level, then this must be declared for all reports/statements where this FSA was performed by the organisation.
- c. If a Compliance Notice is served at organisational level then this must be declared for all reports/statements for all FSAs undertaken by the organisation.

5.1.3 If a practitioner/organisation is subject to a Compliance Notice that they need to disclose, the Regulator will inform them of this fact and details of the declaration required will be outlined in the Compliance Notice. Further detail on the enforcement process will be contained in the relevant guidance document, which will be issued when Section 6 of the Act has commenced.

5.1.4 If a practitioner or their forensic unit is subject to a FSR enforcement action in the time period between the statement/report being issued and the court date, then the practitioner is required by the Criminal Practice Directions 2023 to notify the commissioning party and disclose this.

## 6. **Modification**

6.1.1 This is the first issue of this document under section 9 of the Forensic Science Regulator Act 2021.

6.1.2 The PDF is the primary version of this document.

6.1.3 The Regulator uses an identification system for all documents. In the normal sequence of documents this identifier is of the form 'FSR-###-####' where (a) (the first three '#') indicate letters to describe the type of document and (b) (the second four '#') indicates a numerical code to identify the document. For example, this document is FSR-GUI-0001, and the 'GUI' indicates that it is a guidance document. Combined with the issue number this ensures that each document is uniquely identified.

6.1.4 If it is necessary to publish a modified version of a document (for example, a version in a different language), then the modified version will have an

additional letter at the end of the unique identifier. The identifier thus becoming FSR-GUI-0001-A.

- 6.1.5 In the event of any discrepancy between the primary version and a modified version then the text of the primary version shall prevail.

## 7. **Review**

- 7.1.1 This document is subject to review by the Forensic Science Regulator at regular intervals.

- 7.1.2 The Forensic Science Regulator welcomes views on this guidance. Please send any comments to the address as set out at the following web page: [www.gov.uk/government/organisations/forensic-science-regulator](http://www.gov.uk/government/organisations/forensic-science-regulator) or send them to the following email address:  
FSREnquiries@forensicscienceregulator.gov.uk

## 8. References

- [1] “Forensic Science Regulator Code of Practice,” March 2023. [Online]. Available: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1141863/FINAL\\_Code\\_of\\_Practice.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1141863/FINAL_Code_of_Practice.pdf). [Accessed 24 04 2023].
- [2] “Forensic Science Regulator Act 2021,” [Online]. Available: <https://www.legislation.gov.uk/ukpga/2021/14> [Accessed 24 04 2023].
- [3] “Criminal Practice Directions,” 2023. [Online]. Available: <https://www.judiciary.uk/wp-content/uploads/2023/04/Criminal-Practice-Directions-2023.pdf>. [Accessed 24 04 2023].
- [4] Forensic Science Regulator, “Codes of Practice and Conduct for Forensic Science Providers and Practitioners in the Criminal Justice System,” FSR-C-100, [Online]. Available: [www.gov.uk/government/collections/forensic-science-providers-codes-of-practice-and-conduct](http://www.gov.uk/government/collections/forensic-science-providers-codes-of-practice-and-conduct). [Accessed 10 03 2021].

**9. Appendix A: Examples of 'table of mitigations to non-compliance' to include in the required annex**

a. Mitigations table for FSAs which require compliance to the Code and do not permit alternative compliance routes

Where a declaration of non-compliance has been made at FSA level, practitioners should outline (1) the FSA, (2) the non-compliance within the FSA, (3) whether the forensic unit holds existing accreditation for this activity (i.e. not including the Code) and (4) the quality mitigations as required in 37.2.3 of the Code.

Forensic Science Activity	Scope of non-compliance within the FSA	Accredited to ISO 17025/ ISO 17020 without accreditation to the Code?	Mitigations to the risk associated with non-compliance (see Code 37.2.3)				
			Competence of the practitioners involved in the work tested	Method employed validated	Method employed documented	All equipment/ software used has been tested and is fit for purpose	The work is undertaken in a suitable environment
Enter the FSA definition as set out in the Code	Insert the scope of non-compliant activity	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Enter additional and/or supporting information related to the mitigations							

b. i. Example 1. A completed mitigations table for FSA – DIG 301 - Specialist video multimedia, recovery, processing and analysis, which may be performed by collision investigators. In this instance, the non-compliance are for two activities within the FSA.

### **Annex to declaration of non-compliance with the FSR Code**

The table below sets out the scope of non-compliance for the FSA I have undertaken in this case, and the mitigations to the risks associated with the non-compliance. In all other aspects, I am compliant with the requirements set out in the FSA.

Forensic Science Activity	Scope of non-compliance within FSA	Accredited to ISO 17025 without accreditation to the Code?	Mitigations to the risk associated with the non-compliance (see Code 37.2.3)				
			Competence of the practitioners involved in the work tested	Method employed validated	Method employed documented	All equipment/software used has been tested and is fit for purpose	The work is undertaken in a suitable environment
<b>FSA – DIG 301 – Specialist video multimedia, recovery, processing and analysis</b>	The examination and analysis of an image to produce an evidential report including pictorial image comparison	N	Y	N	Y	Y	Y
	Speed estimation from video	N	Y	N	Y	N	Y
Enter additional and/or supporting information related to the mitigations							

ii. Example 2. A completed mitigations table for FSA – DTN 103 - Examination and analysis to identify and quantify controlled drugs and/or associated materials.

In this case there was one analysis of ketamine and one analysis for cocaine. The forensic unit is compliant with the Code for the analysis of cocaine but not for the analysis of ketamine. The table needs to be completed for only those activities which are non-compliant with the Code. This approach can be adopted for other FSAs where there is mixed compliance.

**Annex to declaration of non-compliance with the FSR Code**

The table below sets out the scope of non-compliance for the FSA I have undertaken in this case, and the mitigations to the risks associated with the non-compliance. In all other aspects, I am compliant with the requirements set out in the FSA

Forensic Science Activity	Scope of non-compliance within the FSA	Accredited to ISO 17025 without accreditation to the Code?	Mitigations to the risk associated with non-compliance (see Code37.2.3)				
			Competence of the practitioners involved in the work tested	Method employed validated	Method employed documented	All equipment/software used has been tested and is fit for purpose	The work is undertaken in a suitable environment
<b>FSA – DTN 103 – Examination, analysis, quantification and legal classification of controlled drugs, psychoactive substances and/or associated materials</b>	Analysis of Ketamine to determine whether it contains or is a relevant substance or associated material	N	Y	N	Y	Y	Y
Enter additional and/or supporting information related to the mitigations							



iii. Example 3. A mitigations table for FSA – INC 100 Incident Scene Examination where there is non-compliance with all activities within that FSA.

### Annex to declaration of non-compliance with the FSR Code

The table below sets out the scope of non-compliance for the FSA I have undertaken in this case, and the mitigations to the risks associated with the non-compliance.

Forensic Science Activity	Scope of non-compliance within FSA	Accredited ISO 17020 without accreditation to the Code?	Mitigations to the risk associated with non-compliance (see Code 37.2.3)				
			Competence of the practitioners involved in the work tested	Method employed validated	Method employed documented	All equipment/software used has been tested and is fit for purpose	The work is undertaken in a suitable environment
<b>FSA – INC 100 – Incident scene examination</b>	All	N	Y	N	Y	N	N
Enter additional and/or supporting information related to the mitigations							

c. Mitigations tables for FSA – DIG – 300 Recovery and processing of footage from closed-circuit television (CCTV)/ video surveillance systems (VSS) which permits alternative compliance routes.

In this instance, the forensic unit has chosen to adopt the NPCC framework.

### Annex to declaration of non-compliance with the FSR Code

The table below sets out the scope of non-compliance for the FSA I have undertaken in this case. In all other aspects, I am compliant with the requirements set out in the FSA.

Forensic Science Activity	Scope of non-compliance within FSA	Mitigations to the risk associated with non-compliance (see Code 37.2.3)				
		Competence of the practitioners involved in the work tested	Method employed validated	Method employed documented	All equipment/software used has been tested and is fit for purpose	The work is undertaken in a suitable environment
<b>FSA – DIG 300 – Recovery and processing of footage from closed-circuit television (CCTV)/video surveillance systems (VSS)</b>	The creation of a master using methods approved by, or on behalf of, the SAI	N	N	Y	Y	Y

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