



Forensic Science Regulator

Guidance: Declarations of Compliance and Non-Compliance with the Code of Practice version 2

FSR-GUI-0001

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1. Introduction

1.1.1 This document sets out guidance on declaring compliance to the statutory Forensic Science Regulator's Code of Practice version 2 [1].

1.1.2 This guidance outlines an approach to declaring compliance or non-compliance to the Code and is intended to assist the Criminal Justice System (CJS) in identifying the risks in the provision of forensic science evidence and in assessing the admissibility of such evidence.

1.1.3 This guidance outlines a consistent approach to:

- a. Making declarations of compliance or non-compliance to version 2 of the statutory Forensic Science Regulator's (the Regulator) Code of Practice effective from 2nd October 2025.
- b. Making declarations of compliance or non-compliance during any transition from version 1 of the Code of Practice [2] and activities spanning the two Codes.
- c. Declarations text for specific scenarios that may be encountered by practitioners.
- d. A blank mitigation table for where declarations of non-compliance have been made.

2. Context

2.1.1 The Criminal Procedure Rules 2020 [3] Part 19 requires a declaration of truth to be made in all expert reports. Criminal Practice Directions (CPD) [3] Section 7.2 para 13 makes a requirement for a declaration of acting in accordance with the Code of Practice or conduct for experts of their discipline. The declaration in the Code satisfies the requirement of CPD Section 7.2 para 13. In addition the Code makes a requirement for factual/technical statements (non-expert) for making a declaration.

2.1.2 Declarations are required in reports for forensic science activities undertaken in England and Wales that relate to the following purposes:

- a. relating to the detection or investigation of crime in England and Wales

b. relating to the preparation, analysis or presentation of evidence in criminal proceedings in England and Wales.

2.1.3 The Code sets the requirement for making declarations and provides wording that should be used (or permits wording that is substantially the same). 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 CJS.

2.1.4 The Code requires that a practitioner undertaking a Forensic Science Activity (FSA) that is subject to the Code shall make a declaration of compliance or non-compliance with the Code in all statements/reports and covering all FSAs referenced in that statement/report. Where this guidance refers to 'statement/report', this means statements or reports which are intended to support the judicial process, including but not limited to SFRs, Factual reports, Expert reports and Certificates (section 31.2.2 of the Code).

2.1.5 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.

2.1.6 A practitioner is considered to be undertaking an FSA if any aspect of the FSA is being undertaken in England and Wales and a declaration is required whether the analysis is for the prosecution or the defence.

3. Understanding Compliance

3.1.1 In order to select the correct declaration, it is essential that practitioners understand the compliance status of the work being reported upon and that the declaration accurately reflects the combined compliance status of the activities within the report. The Code section 3 requires that forensic units carrying out FSAs that the Code applies to demonstrate compliance with the requirements set out in the relevant FSA definition in the Code.

3.1.2 Section 3.1.2 of the Code stipulates that the compliance set for each FSA broadly fall into one of the following categories:

- a. Compliance with all relevant sections in the Code, with accreditation to a specified international standard as the assurance method.
- b. Where there is no accreditation requirement, compliance with:
 - i. the FSA definitions in part D1;
 - ii. general governance requirements in part A of the Code and
 - iii. an FSA specific requirement (if applicable) in part D3 of the Code and/or a specified framework;
- c. No compliance required, the Code does not yet apply (i.e. part D2)

3.1.3 Practitioners are responsible for understanding the compliance status for the work being reported on and making the appropriate declaration.

3.1.4 Organisations are responsible for ensuring their practitioners are aware of and understand Code compliance matters that are managed at organisational level, for example accreditation status.

3.1.5 It is the practitioner's responsibility to be able to account for the content of their reports including declarations and any corresponding mitigations in court.

4. Approach to making declarations

4.1.1 There are many possible and complex scenarios that practitioners could encounter when assessing their compliance status and this guidance outlines those which are most common across the FSAs and provides guidance and suggested wording for the declaration. It is essential that reports are truthful and accurate, and the intention of the declaration is to ensure the courts can understand the risks associated with the evidence being presented in the event of non-compliance and can make a judgement as to whether the evidence should be admissible or not based on the information provided.

4.1.2 Declarations and mitigation tables should be representative of the compliance status of the work carried out. Therefore, practitioners should take a pragmatic approach and aim for clarity when detailing mitigations to non-compliance. The key issues or risks associated with the evidence should

be outlined and practitioners should remain mindful of the reader's perspective and interpretation and not overly detail processes or methods to the detriment of alerting the courts to key information in a clear and succinct way.

4.1.3 A pragmatic approach should be taken for associated activities within Part B of the Code that are not listed as sub-activities within the FSA but are within the Code (such as fridge/freezers or photography). If there is a significant non-conformance which impacts the reliability of the report, this should be referenced as part of the overall assessment of risk within the mitigations table.

4.1.4 Organisations should ensure that the appropriate declarations are made where required and relate to the required processes. The declaration is a personal declaration from the reporting officer solely about the work they have undertaken.

5. Selecting a declaration

5.1.1 To declare compliance, a practitioner must have complied with the Code for all aspects of the work being reported on. If any aspect of the work being reported on is not compliant with the Code then they shall declare non-compliance.

5.1.2 The FSAs being reported on should be detailed in the report and/or mitigation table, particularly the main FSA undertaken. Only one declaration and mitigation table should be included within the report.

5.1.3 Where non-compliance is declared, mitigations should be provided outlining the basis on which the evidence can be relied upon in the absence of compliance with the Code, specifically to the five key quality considerations outlined in the Code: competency, validated methods, documented methods, suitability of equipment and suitability of the environment. This guidance outlines an approach to facilitate consistency and ease of comprehension throughout the CJS recognising the range of forensic science activities covered by the Code and the need to tailor declarations to provide

meaningful information on the risks associated with non-compliance with the Code.

6. Where a declaration is and is not required

6.1 Jurisdictions outside England and Wales

6.1.1 If an FSA is undertaken in England and Wales for a jurisdiction which is outside of England and Wales, it is not an FSA for the purposes of the Forensic Science Regulator Act 2021, even if in every other respect the activity meets the definition. Therefore, compliance with the Code is not required and consequently a declaration of compliance is not required and not recommended.

6.1.2 If an activity is undertaken outside of England and Wales for a jurisdiction in England and Wales, the Act also does not apply. For the benefit of the CJS in England and Wales, reports should declare that the Code does not apply in these circumstances.

6.1.3 If part of the forensic science activity was undertaken outside of England and Wales for investigation and detection in England and Wales, then the Code does not apply to the part undertaken outside of England and Wales. The commissioning party is responsible for the quality of work undertaken outside of England and Wales.

6.1.4 For example, if an FSA is undertaken outside of England and Wales and the report is peer reviewed in England and Wales, a declaration of compliance or non-compliance should be made by the peer reviewer. If the only activity done in England and Wales is of an administrative nature (for example correcting a typo in an exhibit name), there is no expectation of a declaration to be made. Contact the Office of the Forensic Science Regulator for further information on this scenario.

6.2 Joint, 'further to' and other statements

6.2.1 In cases where more than one party wants to introduce expert evidence, the court may direct experts to produce a joint statement on matters on which

they agree and disagree (Criminal Practice Directions 2023 Section 7.3).

Such statements are a matter for the courts and their production is not considered an activity covered by the Code therefore do not require a declaration of compliance to the Code.

6.2.2 In 'further to' statements where an FSA or part of an FSA has been undertaken a declaration of compliance or non-compliance is required.

6.2.3 In statements where FSAs are not undertaken there is no requirement for a declaration of compliance or non-compliance to the Code. An exception to this is within FSA DIG 100 which is referred to under section 97.2 of the Code.

7. Declarations text

7.1.1 The Code section 31.3.2 sets out the relevant declarations to be made as follows:

7.1.2 'All practitioners reporting on FSAs requiring compliance with this part of the Code (i.e. Part B), shall declare compliance with the Code in reports listed in 31.2.2 (except in SFR 1 – section 31.3.4) 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 [insert version] published by the statutory Forensic Science Regulator; or
- b. 'I confirm that, to the best of my knowledge and belief, I have complied with the Code of Practice [insert version] published by the statutory Forensic Science Regulator 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 [insert version] published by the statutory Forensic Science Regulator. 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.'

7.1.3 The Code sets requirements for setting out the mitigating steps as follows;

‘Details of non-compliance and mitigating steps given in the annex described as annex [x] above shall 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.’

7.1.4 The overriding purpose of the declaration and in particular the description of mitigating steps, is to inform and enable the recipient to understand the extent of the risk to the reliability and accuracy of the forensic science evidence. The mitigation table requires detail of ideally up to three key actions taken that are considered most likely to mitigate the risk associated with non-compliance with the Code and asks the practitioner to confirm that they are content that these do not impact the reliability of the evidence provided. Where a practitioner is not satisfied that the mitigations to the non-compliance do not affect the reliability of the evidence, they should take suitable action including considering whether the evidence should be reported. The description of mitigating steps should focus on the risks and not be a simple description of non-compliance with requirements in the Code, particularly where these are not material or relevant to the forensic science activity undertaken and the forensic science evidence set out in the relevant report. The ‘other comments’ box allows additional comments to be added on the actions taken to mitigate risk as well as any other additional information to provide clarity to the court.

7.1.5 A blank mitigation table is included in Annex A of this guidance.

8. Declarations for specific scenarios

8.1.1 This section provides guidance about making declarations under the most common specific scenarios.

8.2 Interim Reports (including MG22As)

- 8.2.1 Under the Code, section 31.2.1, certain activities and reports are excluded from mandatory declarations (e.g., oral reports, interim reports etc.). However a declaration can be included where it may assist the intended recipient (e.g. investigator, commissioning party).

8.3 SFR1s (MG22B)

- 8.3.1 An SFR1 is not a witness statement so an organisational declaration is appropriate, the name may be included, however the contact details should be sufficient to be traceable back to the unit such as by role title (e.g. Fingerprint Bureau Manager at FPBureau@*****). For SFR1 the declaration may be in the following terms, or in terms substantially the same.

[The named forensic unit] has complied with the Code of Practice published by the statutory Forensic Science Regulator [insert issue].

Or

[The named forensic unit] has not complied with the Code of Practice published by the statutory Forensic Science Regulator [insert issue] annex [x] details. 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.”

8.4 Specialists from outside the forensic science profession

- 8.4.1 Specialists from outside the forensic science profession should refer to the requirements and text contained in section 9 of the Code. In the instances that the qualifying conditions for being designated a specialist from outside the forensic science profession as specified in the Code, including the requirements, are met then the following declaration can be used:

‘I confirm that, to the best of my knowledge and belief, I have acted in accordance with requirements of part A of the Code of Practice [insert version] published by the Forensic Science Regulator as it pertains to specialists from outside the forensic science profession. Annex [x] details the

steps taken to comply with the specific requirements set for experts from outside the forensic science profession’.

8.5 Declarations for work reported spanning versions 1 and 2 of the Code

8.5.1 Version 1 of the Code of Practice ceased to be in effect after 1st October 2025 and version 2 came into force on 2nd October 2025. This section provides guidance on making declarations in reports which cover work surrounding or spanning the two versions of the Code.

8.5.2 In the event that work was undertaken whilst the Code of Practice version 1 was in effect, then the declaration should refer to the requirements that were applicable at the time of the analysis and make the following declaration:

‘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 [version 1] which was in effect when this FSA was undertaken’

8.5.3 Where forensic work spans more than one version of the Code, for example, part of the work was carried out in September 2025 when version 1 was active and another part was carried out after 2nd October 2025 when version 2 is active, and all the work is compliant to the relevant versions of the Code, then the practitioner should detail this in the declaration as follows:

‘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 [versions 1 and 2] that were in effect when this FSA was undertaken.’

8.5.4 Alternatively, in instances of mixed or non-compliance across more than one version of the Code, the practitioner should declare non-compliance overall and provide further detail in the mitigation table, as follows:

‘I confirm that, to the best of my knowledge and belief, I have not complied with the Code of Practice published by the statutory Forensic Science Regulator [versions 1 and 2] that were in effect when this FSA was undertaken. 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.'

8.5.5 There is no requirement to declare compliance or non-compliance to non-statutory Codes however this can be mentioned in reports if helpful.

8.6 Incident Examination

8.6.1 To make declarations specific to FSA-INC 100 'Incident Scene Examination', please follow this general guidance until INC 100 specific guidance is provided.

8.7 Friction Ridge Detail

8.7.1 For friction ridge detail comparison (FSA-MTP 101), compliance with the Code is demonstrated by having accreditation to ISO/IEC 17025, with the Code and FSA, or sub-activities of the FSA that the organisation undertakes, on the schedule of accreditation.

8.7.2 This requirement, present in version 1 of the Code remains in version 2, however the approach to sub-activities within this FSA has been revised, clarifying that there is no distinction between different sources of friction ridge detail within the sub-activities.

8.7.3 This change will require fingerprint bureaux to review their validation approach to ensure it remains fit for purpose and reflects all types of friction ridge detail. A transition period, of 12 months from when the Code version 2 comes into force, has been provided to allow time for this, and for the revised sub-activities to be reflected on an organisation's schedule of accreditation.

8.7.4 During this transition period:

- a. Bureaux will be able to maintain accreditation to ISO/IEC 17025 and so still meet the requirements of the Accreditation of Forensic Service Providers Regulations 2018.
- b. Bureaux may apply for assessment from UKAS against the revised sub-activities and FSA specific requirements (SRs) at any point in the transition period.

c. Bureaux can declare compliance with version 2 of the Code, even if the schedule of accreditation has not yet been updated to reflect the revised sub-activities, provided they have met all the other requirements of that version.

8.7.5 From 2nd October 2026 all friction ridge detail comparison work will have to meet the full requirements of version 2 of the Code, including the FSA specific requirements, and must have the revised sub-activities that the organisation undertakes reflected on their schedule of accreditation. Where this is not the case, non-compliance must be declared. Each of the four sub-activities is discrete and will appear separately on schedules of accreditation. Organisations can be compliant or not compliant for some or all of the four sub-activities.

8.8 Where there is a removal of the requirement for accreditation

8.8.1 Where the requirement for accreditation has been removed from an FSA or aspect of an FSA then there is still a requirement to comply with the Code but there is no requirement for accreditation for this particular activity. If the Code has been complied with then the declaration can be one of compliance as per 7.1.2a.

8.9 Accredited FSAs and UKAS GEN 6 requirements

8.9.1 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 unless prevented by legal or regulatory requirements.

8.9.2 The Regulator has determined that applying these requirements may lead to situations where a report may become unnecessarily detailed with regards to references to the accreditation status of a forensic unit. Therefore, the Regulator has further determined that the provision in GEN 6 2.1.2: '...the use of the accreditation symbol or a claim of accreditation status is mandatory, unless prevented by legal or regulatory requirements', will apply

to forensic units undertaking an FSA to which the Code applies, and they will not be required to claim accreditation in reports. This means that forensic units do not need to include their accreditation status in writing in reports/statements nor shall they include the UKAS symbol. This has been agreed with UKAS in line with the exemption as set out in GEN 6.

8.10 FSAs not yet subject to the Code

8.10.1 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.

8.10.2 For example: '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.'

8.11 Infrequently used methods

8.11.1 If a practitioner is carrying out an infrequently used method as defined in the Code (section 24.2.8), and is compliant with the requirements of the Code, then declaration in 7.1.2(b), above, should be used. This only applies to infrequently used methods, which are not accredited. Any method, including 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.

8.12 Friction Ridge Detail results generated through IDENT 1 database search

8.12.1 The use of IDENT 1 comes under the "Search" sub-activity in version 2 of the Code and the requirements covering this aspect of reported work do not

come into force until 2nd October 2026. From 2nd October 2025 to 1st October 2026, bureaux should follow the transition arrangements when making declarations of compliance with the Code.

8.12.2 It is understood that most forces will process positive identifications as a result of IDENT 1 searches through their accredited manual comparison process. However, forensic units that operate IDENT 1 without having it in their scope of accreditation should declare non-compliance with the Code using the following form of words:

'[my organisation] meets the requirements of the statutory Code for macroscopic or magnified comparison of two areas of friction ridge detail, howsoever made and presented, to determine whether or not they originated from the same source. However, [my organisation] does not hold accreditation for the interrogation of IDENT 1, which was used for the initial searching and on-screen comparison(s). All positive outcomes from interrogation of the IDENT 1 database have been subsequently confirmed using an accredited manual comparison process.'

8.12.3 An annex [x] table containing mitigations is still required for this declaration.

8.12.4 Where an IDENT 1 search results in no respondents, the result stays internal to the investigation, and no suspect subsequently comes to light, then a declaration of non-compliance is not required. The Investigating Officer should however be made aware of the limitations inherent in the IDENT 1 process and any options to consider the forensic strategy e.g. relaunch.

8.12.5 Where an IDENT 1 search results in no respondents, but a suspect subsequently comes to light, then the suspect's tenprints should be compared to the crime marks, through their accredited comparison procedures. The IDENT 1 aspect of this process does not require a declaration of non-compliance because it is not the reason that the comparison has been carried out.

8.12.6 Where an IDENT 1 search results in no respondents and this is reported to the wider CJS, then a declaration of non-compliance is required. Such a

declaration can take the same form of words as set out above but omitting the final sentence.

8.13 DNA Match reports

8.13.1 When a report is issued with just the results of a DNA match from the NDNAD, the FSA concerned in the report is FSA CDM–200. Version 2 of the Code does not apply to this FSA and therefore there is no requirement to declare compliance or non-compliance. 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.

8.14 Changes of compliance status

8.14.1 The Code (section 8.3) outlines that ‘forensic units shall promptly and as soon as practicable, report to the Regulator any suspension, withdrawal, or change in their accreditation status (and/or the accreditation status of any external forensic unit sub-contracted to provide FSAs to the forensic unit) where the suspension, withdrawal or change in accreditation means that the forensic unit 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.

8.14.2 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.

8.15 Other types of compliance not involving accreditation

8.15.1 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.

8.15.2 For example, under FSA - MTP 601 - Examination, analysis and classification of firearms, ammunition and associated materials, the Regulator has agreed a process to follow if 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 practitioner 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.’

8.15.3 Another example, under FSA – DIG 300 – Recovery and processing of footage from closed-circuit television (CCTV)/video surveillance systems (VSS) 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 acted in accordance with the NPCC Framework for Video Based Evidence [insert version] as required by the statutory Forensic Science Regulator.’ or

‘I have not complied with the NPCC Framework for Video Based Evidence [insert version]. 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.’

8.15.4 Other instances of alternative compliance routes and declarations are outlined within the Code.

- 8.15.5 The Policy on Enforcement Action by the Forensic Science Regulator (FSR-POL-0003) outlines the declaration requirements in the event that the FSR has taken action under sections 5,6,7 of the Act.

9. FSAs with a transition period

9.1 FSA – DTN 102 – Toxicology: analysis for drugs in relation to s5A of the Road Traffic Act 1988

9.1.1 Compliance to the updated FSA-specific requirements is required from 1st April 2026.

9.1.2 UKAS will cease using Lab 51 in their assessment of this FSA specific requirements for the Code. If the assessment uses Lab 51, UKAS will remove Code version 2 from the schedule of accreditation. Organisations will declare non-compliance with Code version 2 from 6 Apr 2026 even if they hold ISO/IEC 17025 accreditation.

9.1.3 Organisations that are non-compliant should refer themselves to the FSR providing a rationale for the non-compliance and an explanation of how risks are being managed.

9.2 FSA – MTP 101 – Friction ridge detail: comparison (Code version 2 section 57.2)

9.2.1 Compliance with the Code is required, demonstrated by having accreditation to ISO/IEC 17025:2017, with the Code and comparison of Friction Ridge Detail on the accreditation schedule. Code version 2 allows for a 12-month delay from the time the Code comes into force for organisations to demonstrate compliance with the redesigned sub-activities.

9.2.2 From 2 October 2026 the sub-activities that the organisation undertakes of this FSA listed in section 57.3.1 are required to be reflected on the schedule of accreditation.

9.2.3 Organisations can transition to demonstrate compliance with the new requirements at different times during this period and do not need to wait

until Oct 2026 to be able to declare compliance with the FSA and FSA specific requirements.

9.2.4 Non-compliant organisations for any of the four sub-activities should refer themselves to the FSR providing a rationale for the non-compliance and an explanation of how risks are being managed.

10. Modification

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

10.1.2 The PDF is the primary version of this document.

10.1.3 Significant changes from the previous version will be highlighted in grey. Where sections are inserted, moved or renumbered, the subsequent renumbering of sections that follow will not generally be marked.

10.1.4 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.

10.1.5 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-B.

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

11. Review

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

- 11.1.2 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 or send them to the following email address: FSREnquiries@forensicscienceregulator.gov.uk

12. References

- [1] “Forensic Science Regulator Code of Practice – version 2,” May 2025 [Online].
Available: [Code of Practice](#) [Accessed 26 01 2026]
- [2] “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.
[Accessed 26 01 2026].
- [3] Criminal Procedure Rules 2025 and Criminal Practice Directions 2023 [Online]
Available: [Criminal Procedure Rules 2025 and Criminal Practice Directions 2023 - GOV.UK](#) [Accessed 26 01 2026]
- [4] United Kingdom Accreditation Service, “Reference to accreditation and multilateral recognition signatory status by UKAS accredited bodies,” GEN 6, [Online]. Available: www.ukas.com/wp-content/uploads/2021/11/GEN-6-Reference-to-accreditation-and-MLA-signatory-status.pdf [Accessed 26 01 2026].

Annex A - Blank Mitigation Table

I/my organisation (for SFR1s) have/has not complied with the Code of Practice published by the statutory Forensic Science Regulator [version 2]. 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. The expectation of the mitigation categories is described below the example annex [x] table. This should be included with the table in annex [x].

Annex [x] – Table of Mitigations

Forensic Science Activity	Scope of non-compliance within the FSA	Compliant to the Code for the category (Yes/No)					If 'No', complete the following for the category:
		Competence	Validated	Method documented	Equipment	Environment	Provide details of the main actions (ideally up to three) taken to mitigate any material risk to the reliability of the reported results
FSA #							
FSA # (if more than one)							
Other Comments							
Given the actions provided above, in my opinion, the forensic evidence in this report is reliable (Yes/No)							

Issue categories identified as key risk areas to be mitigated	Expectation of categories
Competence Compliance with all aspects of the Code V2 (sections 22 & 91.4.1-91.4.2)	Expectation that practitioners have the skills, knowledge and understanding to undertake the activities in this report as demonstrated by the [Organisation] competence framework as per the FSR Code.
Validation Compliance with all aspects of the Code V2 (section 24 & 30)	Validation is expected to be conducted as per the requirements of the FSR Code, to demonstrate that the method(s) used to generate the results reported is/are fit for purpose.
Documentation Compliance with all aspects of the Code V2 (sections 15, 91.5-91.6, 91.9-91.11.8 & 91.13)	Expectation that methods used are documented as per the FSR Code including documentation for review of requests, tenders and/or contracts, development of examination strategies, selection of methods, estimations of uncertainty and peer review.
Equipment Compliance with all aspects of the Code V2 (sections 28, 91.4.13)	Expectation that equipment and software used have been shown to be fit for purpose and calibrated as appropriate.
Environment Compliance with all aspects of the Code V2 (sections 23, 91.4.5-91.4.10 & 91.12.1)	Expectation that the forensic science activity has been performed in a suitable environment, in line with the requirements of the Code. For INC-100, the FSR has deemed this category not to apply for mitigation purposes.