



This protocol provides a framework for the content and completion of quality assurance reviews as specified in section 6.180 of these *Standards and Guidelines*.

Quality Assurance Referral Form

Requesting Parties/Agencies: _____ Date of Request: _____

Examinee (name or initials): _____

Examination/case number: _____

Date of Examination: _____

Primary Reason(s) for Review: _____

Reviewing Examiner: _____

Date of request: _____

Original Examiner: _____

Type of Polygraph (circle one):

Event Specific Sexual History Maintenance/Monitoring

List of items received for conducting the Quality Assurance:

- | | | |
|--|-----|----|
| •Complete list of all test questions..... | yes | no |
| •All primary test charts..... | yes | no |
| •Video/audio recording..... | yes | no |
| •Examiner score sheets..... | yes | no |
| •Examination report | yes | no |
| •Computer algorithm scores (when available)..... | yes | no |
| •Other information received: _____ | | |

signature of supervision team member / date

signature of supervision team member / date

QUALITY ASSURANCE PROTOCOL

Examination ID: _____ Date of Examination: _____

Reviewing Examiner: _____ Date of Review: _____

Original Examiner: _____

To be completed by the reviewing examiner and reviewed with the original examiner:

1. Pretest Interview:

A. Purpose of examination explained or reviewed.....	Adequate	Inadequate
B. Examinee treated with respect and dignity.....	Adequate	Inadequate
C. Suitability for testing (medical, age, psychological Special needs, language barriers/translation).....	Adequate	Inadequate
D. Polygraph procedure and equipment explained.....	Adequate	Inadequate
E. Interview conducted in a non-accusatory manner.	Adequate	Inadequate
F. Thoroughness and scope of pretest interview.	Adequate	Inadequate
G. Target issues were reviewed to assure examinee's understanding.....	Adequate	Inadequate
H. Question Construction		
1. Effective target selection.....	Adequate	Inadequate
2. Questions did not mix time of reference and frame of reference.....	Adequate	Inadequate
3. Questions avoided jargon and legal terminology	Adequate	Inadequate
4. Questions avoided terminology that elicits excessive emotion.....	Adequate	Inadequate
5. Questions were simple and direct	Adequate	Inadequate

6. Questions avoided divergent compound issues	Adequate	Inadequate
7. Questions avoided motivation and state of mind	Adequate	Inadequate
8. Questions answerable with a 'yes' or 'no'	Adequate	Inadequate
9. Questions did not presuppose examinee's knowledge.....	Adequate	Inadequate
10. Questions presented in a neutral and objective manner	Adequate	Inadequate
11. Formulation and development of other test questions	Adequate	Inadequate

2. In-Test Phase:

A. Employed a recognized testing technique/format	Adequate	Inadequate
B. Acquaintance test was conducted when appropriate	Adequate	Inadequate
C. Proper selection and number of target issues.	Adequate	Inadequate
D. Minimum of four channels were recorded	Adequate	Inadequate
E. Proper question pacing	Adequate	Inadequate
F. Examiner used appropriate voice tone and inflection	Adequate	Inadequate
G. Three to five primary charts were collected	Adequate	Inadequate
H. Response amplitude of chart recordings	Adequate	Inadequate
I. Cardio cuff pressure and placement	Adequate	Inadequate
J. Countermeasure detection technology was employed	Adequate	Inadequate
K. In-test adjustments to Cuff, EDA, and pneumo sensitivity	Adequate	Inadequate

L. In-test chart annotations **Adequate** **Inadequate**

3. Post Test Interview:

A. Examinee was given opportunity to explain any reactions or remaining inconsistencies **Adequate** **Inadequate**

B. Post-test interview conducted in an ethically responsible manner..... **Adequate** **Inadequate**

4. Chart Interpretation

A. Data of sufficient quality to render a professional opinion..... **Adequate** **Inadequate**

B. Examiner's opinion based upon all obtained information **Adequate** **Inadequate**

C. Concurrence with examiner's reported results..... **Adequate** **Inadequate**

5. Report

A. Indicates Adequate time was allotted to complete the test. **Adequate** **Inadequate**

B. Report Content

1. Date of test or evaluation..... **Adequate** **Inadequate**

2. Reason for examination..... **Adequate** **Inadequate**

3. Beginning and ending times of the examination..... **Adequate** **Inadequate**

4. Name of person requesting exam..... **Adequate** **Inadequate**

5. Name of examinee..... **Adequate** **Inadequate**

6. Location of examinee in the criminal justice system (probation, parole, etc.)..... **Adequate** **Inadequate**

7. Case background (instant offense and conviction).... **Adequate** **Inadequate**

8. Brief demographic information (marital status, children, living arrangements, employment or occupation).....	Adequate	Inadequate
9. Statement attesting to the examinee's suitability for polygraph testing (medical/psychiatric/developmental consideration)..	Adequate	Inadequate
10. Date of last clinical examination (if known).....	Adequate	Inadequate
11. Results of pre-test and post-test examination	Adequate	Inadequate
12. Examination questions and answers.....	Adequate	Inadequate
13. Examination results for each question.....	Adequate	Inadequate
15. Reasons for inability to complete exam.....	Adequate	Inadequate
16. Any pertinent information from outside the exam (collateral information).....	Adequate	Inadequate
17. Additional relevant information (examinee's demeanor or verbal statements).....	Adequate	Inadequate
18. Court certified Interpreter	Adequate	Inadequate
C. Accurate speaker and statement attribution (quotations, references, and paraphrasing).....	Adequate	Inadequate
D. Examiner identified and denoted any empirical qualifications.....	Adequate	Inadequate

6. Other Considerations:

signature of reviewing examiner *date* *signature of original examiner* *date*

Polygraph Examination Quality Assurance Summary Report

To be completed by both the reviewing and original examiners, and submitted to the requesting agency and original examiner for filing.

Examination ID: _____ Date of Examination: _____
Original Examiner: _____ Reviewing Examiner: _____
Review Requested By: _____ Date/s of Review: _____

Examiner Section

Upon completion of this review, this examination was determined to be: (circle one)

1. Examination is supported – results should be accepted.
2. Examination is not supported due to empirical limitations– results should be set aside.
3. Examination is supported though qualified – results may be accepted with reasonable caution.
4. Review was not completed – results may be set aside, retested, or referred for review by a panel or agency.

signature of reviewing examiner *date*

signature of original examiner *date*

Requesting Agency Section

Based on the above results, the team response is: (circle one)

1. Accept the polygraph test results:
2. Set aside the polygraph test results:

signature of supervision team member *date*