

- Policy:** The Office of the Chief Medical Examiner (OCME) is assured adequate supporting services, equipment and facilities to perform autopsy examinations pursuant to DC Code § 5-1403 and 1409.
- Purpose:** To ensure for proper post-mortem photography procedures in accordance with the mission of the Office of the Chief Medical Examiner.
- Scope:** The following procedures are to assist Photography Staff and the Medical Examiner physicians to perform proper post-mortem photography in a safe and secure environment.

Definitions and Abbreviations:

1:1 Photographs - Photographs that are viewed to scale, or as their actual size.

Alternate face photograph- shall consist of an AP view of the face with scale and the case's unique identifying case number.

Cartridge - A casing containing an explosive charge and a bullet that is used as a projectile.

Close-Up - Photographs taken of a point of interest at a higher magnification that may not show any orientation. The point of interest should fill the viewfinder as best as possible. Focal range is generally between 85 and 105 millimeters, respectively.

CMS - Electronic Case Management System.

DFS - Department of Forensic Sciences.

First Round Photographs - Overlapping photographs taken of remains as they are seen when opening the body bag or container.

Identifying Marks - Anatomical features found on the exterior of a decedent that are unique and may be used for identification.

IT - Information Technology

LCD- Liquid Crystal Display

L-Shaped Scale - A measuring tool consisting of 2 scales containing metric and/or

standard measurements, which meet to create a 90 degree angle.

Media - Digital resources consisting of still image, video, and audio files.

Memory Storage Cards - An electronic flash memory storage device used for storing data files.

Mid-Range - Photographs taken to orient specific points of interest in reference to an anatomical feature. Focal range is generally between 24 and 70 millimeters, respectively.

Number Board - A placard with handle that displays the following information:

- “District of Columbia OCME”
- Attending Pathologist’s initials
- Unique identifying case number
- Month, Day, and Year of the case examination

OCME - Office of the Chief Medical Examiner.

Optical Discs - An electronic data storage medium that data files can be written to. These consist of Compact Discs (CD), Digital Versatile Discs (DVD), and Blu-ray Discs (BD).

Photographic Scale - A white or gray ruler displaying metric and/or standard measurements.

Photographic Supports - Specialized equipment used to bear all or part of the weight of photographic equipment; can be used as an aid during routine photography of the case examinations.

Second Round Photographs - Overlapping photographs taken of the anterior and posterior of the remains, unclad, and cleared of debris, extraneous fluids (i.e. blood, water, soap, biological material), and unnecessary items from, on or around the subject being photographed unless otherwise indicated by the attending pathologist.

Specimen Board - A hard, transferable surface covered in black fabric for photographing gross and biological specimens.

Wide-Angle - Photographs taken to display the entire decedent. Focal range is generally between 24 and 40 millimeters, respectively.

WRTC - Washington Regional Transplant Community.

1. General

- 1.1. All photographs shall include, or be preceded by a photo with, the unique identifying case number that shall be verified by the attending pathologist.
 - 1.1.1. When the lens magnification is too narrow to include a unique identifying case number, the photograph may be taken without the case number for documentation of the following:
 - 1.1.1.1. Close-Up photographs of nasal cavity;
 - 1.1.1.2. Close-Up photographs of pubic cavity (e.g. Vaginal, Rectal);
 - 1.1.1.3. Close-Up photographs of orbital surfaces; and
 - 1.1.1.4. Specimens requiring macro imaging, etc.
- 1.2. Photographic scales with unique identifying case numbers shall be placed and oriented with metric units toward the feet with the body in anatomical position.
- 1.3. All photographs taken are at the discretion of the attending pathologist for all post-mortem examinations.
- 1.4. For homicide and suspicious deaths, pertinent photographs are reviewed and verified with attending pathologist at the time of autopsy to ensure proper documentation.
- 1.5. All Close-Up photographs shall be preceded by a Mid-Range photograph to provide orientation.

2. Postmortem Photography

- 2.1. The preparation of camera equipment shall be completed prior to case examination as follows:
 - 2.1.1. Forensic photographers shall inspect the camera equipment examinations for the following settings, functions and operations:
 - 2.1.1.1. Verify that the battery is fully charged.
 - 2.1.1.2. Verify the correct date and time.
 - 2.1.1.3. Format memory card and check for memory card errors.
 - 2.1.1.4. All cameras shall be configured to include the following copyright information for authentication, "Property of the OCME."
 - 2.1.1.5. Verify that all file names begin with "CME."
 - 2.1.1.6. Verify that each sequence of photographs begin with the number one (1).
 - 2.1.1.7. Verify that all other camera functions are operating normally.
 - 2.1.2. Print all unique identifying case number labels and affix to two inch photographic scales.
 - 2.1.2.1. Unique identifying case number labels shall printed using the label tape

- printer.
- 2.1.3. Prepare all number boards with the appropriate unique identifying case numbers, dates, and attending pathologist's initials.
- 2.1.4. Ensure that specimen boards are prepped and staged for examinations.
- 2.1.5. Prepare photographic supports for handling photography equipment.
 - 2.1.5.1. The use of photographic supports is at the discretion of the forensic photographer and encouraged.
- 2.2. The case types photographed by forensic photographers shall include:
 - 2.2.1. Storage Cases
 - 2.2.1.1. Require the following:
 - 2.2.1.1.1. First Round Photographs
 - 2.2.1.1.2. An Alternate Face Photograph
 - 2.2.2. External Cases
 - 2.2.2.1. Require the following:
 - 2.2.2.1.1. First Round Photographs
 - 2.2.2.1.2. Second Round Photographs
 - 2.2.2.1.3. Identification (ID) Photograph referenced in section 2.6.
 - 2.2.2.1.4. Tattoo Photographs and/or Unique Identifying Marks
 - 2.2.2.1.5. Any external examination photograph directed by the attending pathologist.
 - 2.2.3. Autopsy Cases
 - 2.2.3.1. Require the following:
 - 2.2.3.1.1. First Round Photographs
 - 2.2.3.1.2. Second Round Photographs
 - 2.2.3.1.2.1. Decedent shall be removed from the body bag.
 - 2.2.3.1.2.2. Fetal cases shall be removed from containers.
 - 2.2.3.1.3. Identification (ID) Photograph
 - 2.2.3.1.4. Tattoos and/or Unique Identifying Marks
 - 2.2.3.1.5. Any external examination photographs directed by the attending pathologist.
 - 2.2.3.1.6. Any internal examination photographs directed by the attending pathologist.
 - 2.2.3.1.7. Any gross specimen photographs directed by the attending pathologist.
- 2.3. First Photograph
 - 2.3.1. The first photograph for all case examinations shall be taken as follows:
 - 2.3.1.1. When the remains are packaged in a sealed container, either with a zipper lock or evidence tape, the First Photograph shall be of the seal with labeled two inch photographic scale.
 - 2.3.1.1.1. If the remains are packaged in any container other than a body bag, the exterior of the container must be photographed with the labeled two inch

photographic scale prior to opening the container.

2.3.1.1.1. This photo should include any labels or identifying notations (e.g. Record numbers, names, birthdates, etc.) that are displayed on the container.

2.3.2. When the remains are in an unsecured container, the First Photograph shall be a First Round photograph with the associated Number Board.

2.4. First Round

2.4.1. The First Round Photograph for all case examinations shall be taken as follows:

2.4.1.1. The associated Number Board shall be placed in all First Round photographs, parallel to the body.

2.4.1.2. For all adult and adolescent decedents, these photos may consist of following three wide-angle images, depending on the size of the remains:

2.4.1.2.1. Head, neck, and torso;

2.4.1.2.2. Lower torso, pelvis, and upper legs; and

2.4.1.2.3. Legs, past the feet

2.4.1.3. For all pediatric/infant cases, these photos may consist of one wide-angle image, depending on the size of the remains.

2.4.1.3.1. This photo may contain the entire body of the decedent.

2.5. Second Round

2.5.1. The Second Round Photograph for all case examinations shall be taken as follows:

2.5.1.1. The associated Number Board shall be placed in all Second Round photographs, parallel to the body.

2.5.1.2. For all adult and adolescent decedents, these photos may consist of the following three wide-angle anterior images, depending on the size of the remains.

2.5.1.2.1. Head, neck, and torso;

2.5.1.2.2. Lower torso, pelvis, and upper legs; and

2.5.1.2.3. Legs, past the feet

2.5.1.3. For all adult and adolescent decedents, these photos may consist of the following three wide-angle posterior images, depending on the size of the remains:

2.5.1.3.1. Head, neck, and torso;

2.5.1.3.2. Lower torso, pelvis, and upper legs; and

2.5.1.3.3. Legs, past the feet

2.5.1.4. For all pediatric/infant cases, these photos may consist of one wide-angle anterior image, depending on the size of the remains.

2.5.1.4.1. This photo may contain the entire body of the decedent.

2.5.1.5. For all pediatric/infant cases, these photos may consist of one wide-angle posterior image, depending on the size of the remains.

2.5.1.5.1. This photo may contain the entire body of the decedent.

2.6. Identification (ID) Photograph

- 2.6.1. The ID Photograph for all case examinations shall be taken as follows:
 - 2.6.1.1. This photograph shall consist of a decedent's face for the purpose of visual identification.
 - 2.6.1.2. The neck and head shall be draped with a covering to ensure that the background is clean and clear of distractions.
 - 2.6.1.3. A scale with the case unique identifying case number shall be placed next to the decedent's chin.
 - 2.6.1.4. The photo shall consist of an Anteroposterior (AP) view of the face.
 - 2.6.1.4.1. At the discretion of the attending pathologist, when facial trauma or post mortem changes are present, the ID photo may include any of the following:
 - 2.6.1.4.1.1. A profile view of the face;
 - 2.6.1.4.1.2. A black & white AP view of the face; or
 - 2.6.1.4.1.3. A black & white profile view of the face
- 2.6.2. When trauma and/or postmortem changes prevent the decedent from being visually identifiable, an alternate face photograph shall be taken.
 - 2.6.2.1. The attending pathologist shall review the face to determine whether an alternate face photograph may be taken.
 - 2.6.2.2. The Death Investigations Unit and Anthropology Unit must be notified via email if an alternate face photograph is taken for external and autopsy cases.

2.7. Tattoos and Unique Identifying Marks

- 2.7.1. All visible tattoos shall be photographed during case examinations.
 - 2.7.1.1. Mid-Range photographs may be taken of tattoos that are grouped together.
 - 2.7.1.2. All other photographs of tattoos shall consist of a Mid-Range and Close-Up.
- 2.7.2. Photographs of unique identifying marks are at the discretion of the attending pathologist.

2.8. Trauma

- 2.8.1. All photographs of trauma shall be directed by the attending pathologist.
- 2.8.2. Trauma may consist of blunt force injuries, sharp force injuries, gunshot wounds, and injuries caused by compression or asphyxia.
- 2.8.3. The first photograph of trauma shall be a mid-range photograph for orientation.
- 2.8.4. A close-up photograph of trauma is recommended, but is at the discretion of the attending pathologist.
- 2.8.5. Reapproximation photographs are recommended for trauma consistent with stab wounds. For example, trauma photographs may be taken of stab wounds present on the skin to show the anatomical relationship of the sharp and blunt edges.
- 2.8.6. Any trauma recognized as a patterned injury, by the attending pathologist, shall have a photograph taken with an L-Shaped Scale.
 - 2.8.6.1. Any trauma recognized as a bite mark, by the attending pathologist, is considered a patterned injury.
 - 2.8.6.2. The entire L-Shaped Scale must be visible in the photograph for creating 1:1

comparative photographs.

2.9. Eyes & Mouth

2.9.1. The Eyes and Mouth Photographs for all case examinations shall be taken as follows:

- 2.9.1.1. Photographs of the eyes display both the bulbar and palpebral conjunctivae.
- 2.9.1.2. Photographs of the mouth display both the upper and lower labial mucosa.
- 2.9.1.3. These photos are recommend for cases suspected of the following:
 - 2.9.1.3.1. Direct trauma of the head, neck, or face;
 - 2.9.1.3.2. Sexual Assault;
 - 2.9.1.3.3. Asphyxia;
 - 2.9.1.3.4. Cases that are considered In-Custody; and
 - 2.9.1.3.5. Pediatric/Infant Cases

2.10. Neck

2.10.1. The Neck Photographs for all case examinations shall be taken as follows:

- 2.10.1.1. Photographs of the neck may include anterior, posterior, left and ride sides of the neck.
- 2.10.1.2. Requested photographs of the neck shall be completed with the neck fully extended.
- 2.10.1.3. These photos are recommend for cases suspected of the following:
 - 2.10.1.3.1. Direct trauma of the head, neck, or face;
 - 2.10.1.3.2. Sexual Assault;
 - 2.10.1.3.3. Asphyxia;
 - 2.10.1.3.4. Cases that are considered In-Custody; and
 - 2.10.1.3.5. Pediatric/Infant Cases

2.11. Hands

2.11.1. The Hand Photographs for all case examinations shall be taken as follows:

- 2.11.1.1. Photographs of the hands may include the following three (3) photographs:
 - 2.11.1.1.1. Dorsal surface of the hand including fingertips;
 - 2.11.1.1.2. Dorsal surface of the thumb including tip; and
 - 2.11.1.1.3. Palmer surface of the hand
- 2.11.2. Photographs of the hands shall occur before fingernail clippings, scrapings, and fingerprints are collected.
- 2.11.3. These photos are recommend for cases suspected of the following:
 - 2.11.3.1. Cases that are considered suspicious;
 - 2.11.3.2. Sexual Assault;
 - 2.11.3.3. Asphyxia;
 - 2.11.3.4. Cases that are considered In-Custody; and
 - 2.11.3.5. Pediatric/Infant Cases

2.12. External Genitalia and Anus

2.12.1.1. The External Genitalia and Anus Photographs are recommended for cases suspected of the following:

- 2.12.1.1.1. Cases that are considered suspicious;
- 2.12.1.1.2. Sexual Assault;
- 2.12.1.1.3. Asphyxia;
- 2.12.1.1.4. Cases that are considered In-Custody; and
- 2.12.1.1.5. Pediatric/Infant Cases

2.13. Internal Examination

2.13.1. Photographic documentation of gross findings during the internal examination is strongly encouraged.

2.13.2. Internal examination photographs may be required to document, but not limited to, the following:

- 2.13.2.1. To visualize the cause of death;
- 2.13.2.2. Show trauma and/or disease process involving multiple organ systems;
- 2.13.2.3. Illustrate trauma and/or disease process in-situ; and
- 2.13.2.4. Documenting pertinent negative findings

2.14. Stand Photography

2.14.1. Stand Photography uses a specimen board to document pertinent findings during an autopsy examination.

2.14.2. Stand Photography is strongly encouraged to document gross specimens with normal findings and those affected by disease process and/or trauma.

2.14.3. To properly complete Stand Photography using the specimen board, the following process shall be performed:

- 2.14.3.1. The fabric and board shall be rinsed with disinfectant and water prior to use.
- 2.14.3.2. The fabric should be damp to the touch prior to use and should not be allowed to dry out while using.
- 2.14.3.3. Pooling of fluids and any extraneous tissue shall be removed from the specimen board prior to each photograph being taken to avoid distractions in the image.
- 2.14.3.4. Following each case examination, the specimen board shall be cleaned with disinfectant and water.

2.14.4. The specimen board shall be cleaned before and after each case to prevent cross contamination.

3. Evidence and Property

3.1. Clothing

3.1.1. All clothing requiring photographs shall be photographed front and back.

3.1.2. At the discretion of the attending pathologist, photographs of defects resulting from trauma are strongly encouraged.

3.1.3. Clothing shall be photographed for the following case types:

- 3.1.3.1. Pediatric/Infant cases;
 - 3.1.3.2. Suspicious cases;
 - 3.1.3.3. Unidentified cases;
 - 3.1.3.4. Cases involving a struck pedestrian;
 - 3.1.3.5. Cases that are considered In-custody; and
 - 3.1.3.6. Homicide cases
 - 3.1.4. At the discretion of the attending pathologist, photographs of all trauma-related perforating defects may be photographed with and without arrows.
 - 3.1.4.1. Perforating defects may be photographed with a contrasting material beneath the defect for optimal visibility.
 - 3.1.5. For all Unidentified cases Close-Up photographs shall be taken of all visible garment tags, labels, and logos.
- 3.2. Personal Property
- 3.2.1. Personal property and medical devices may be photographed at the time of examination as directed by the attending pathologist.
 - 3.2.1.1. All personal property accompanying the decedent shall be photographed.
 - 3.2.1.2. All personal property remaining on the decedent shall be photographed in place before removing.
 - 3.2.1.2.1. After removal, the personal property shall be photographed on a clean background with the photographic scale and unique identifying case number.
 - 3.2.1.3. All medical devices removed from the decedent shall be photographed front and back.
 - 3.2.1.3.1. Visible serial numbers and identifying markings shall be photographed.
- 3.3. Evidence
- 3.3.1. Evidence may be photographed at the time of examination as directed by the attending pathologist.
 - 3.3.1.1. Evidence observed during the external examination shall be photographed in place before removing.
 - 3.3.1.1.1. At the discretion of the attending pathologist, evidence removed from decedent shall be photographed on a clean background with the photographic scale and unique identifying case number
 - 3.3.1.2. Suspected cartridges, or fragments of cartridges, shall be photographed on a document prepared and printed by Forensic Photographers.
 - 3.3.1.2.1. The document shall include the unique identifying case number, date of collection, attending pathologist's initials, and a description of where the evidence was recovered from.
 - 3.3.1.2.1.1. The information on the document shall be verified by the attending pathologist prior to photographing the evidence.
 - 3.3.1.2.2. The document is accessible on the OCME server.

- 3.3.2. Evidence photographed off of the body shall be documented on a clean surface.
- 3.3.3. In certain circumstances, additional evidence associated with a case may not accompany a decedent during transport.
 - 3.3.3.1. If the evidence is received at OCME during case examination, or post examination, the evidence shall be photographed in a separate room to prevent cross contamination of the evidence.

4. Consultation Photographs

- 4.1. Specimens retained post examination for consultation shall be photographed as determined by the attending pathologist, forensic anthropologist, or consultant.
 - 4.1.1. Requests for photographs for consultation may be directed to the Forensic Photographers as needed.

5. Case Media Handling and Storage

5.1. Handling

- 5.1.1. Photographs for case types shall be documented on memory storage cards.
 - 5.1.1.1. Photographs on memory storage cards shall correspond to only one case so as to maintain the numerical order of photos taken.
 - 5.1.1.2. Multiple memory storage cards can be used to document each case.
 - 5.1.1.3. A memory storage card may be reused for multiple cases once all case media has been uploaded to the appropriate storage locations and the card has been formatted.
- 5.1.2. Photographs may be viewed on camera LCD screen by forensic photography staff and attending pathologists to ensure proper lighting, exposure, and composition.
- 5.1.3. All photographs shall remain unaltered unless requested by the attending pathologist.
 - 5.1.3.1. Modifications may only be made to copies of the original photo file.
 - 5.1.3.2. Modified photos shall be renamed to include the word “copy” in the original file name.
- 5.1.4. The forensic photographer shall document, by the close of business each day, their name, date and time the first photograph of each case type was taken in CMS.

5.2. Storage

- 5.2.1. Case media shall be retained according to the Records Management Retention schedule as referenced in the Records Retention SOP.
 - 5.2.1.1. Case media created or received by the OCME shall not be deleted or destroyed, unless otherwise specified by the Chief Medical Examiner, Records Management or designee.
- 5.2.2. Case media is stored on the following servers:
 - 5.2.2.1. Agency Photographic Server;
 - 5.2.2.2. Forensic Photography Server; and
 - 5.2.2.3. CMS

- 5.2.3. All case photographs and x-rays shall be uploaded to the agency photographic server before the close of business each day.
 - 5.2.3.1. Photographic server shall contain case media only.
 - 5.2.3.2. Case media is organized in folders that are arranged by unique identifying case number.
 - 5.2.3.2.1. Each case folder shall contain subfolders that describe the media's subject matter. Examples of subfolders are, but not limited to the following:
 - 5.2.3.2.1.1. Autopsy
 - 5.2.3.2.1.2. External
 - 5.2.3.2.1.3. Storage
 - 5.2.3.2.1.4. Scene
 - 5.2.3.2.1.5. X-Rays
 - 5.2.3.2.1.6. WRTC
 - 5.2.3.2.1.7. Video
 - 5.2.3.2.2. As directed by the attending pathologist, additional photographs may be requested following the date of the initial case examination.
 - 5.2.3.2.3. Additional subfolders may be created to correspond to the date that photographs were taken post examination.
- 5.2.4. All case photographs and x-rays shall be uploaded to the forensic photography server, before the close of business each day, in preparation for long term storage on non-rewritable optical discs.
 - 5.2.4.1. All case media shall be burned to non-rewritable optical discs in the second year following case examinations.
 - 5.2.4.1.1. For example, cases documented in 2015 will be stored on non-rewritable optical discs in 2017.
 - 5.2.4.1.2. This process allows for all associated case media to be completed for each case and/or received from external agencies post examination.
 - 5.2.4.2. All case discs shall be stored within the forensic photographer's office and filed by unique identifying case number.
- 5.2.5. A compressed copy of all case type photographs shall be created and uploaded to the CMS.
- 5.2.6. All Photographic servers shall be maintained by the IT Unit.

6. Case Media Requests

- 6.1. The following case media may be transferred to external requestors in the form of:
 - 6.1.1. Optical Discs; or
 - 6.1.2. Printed Photographs
- 6.2. A custody control document shall be issued for each case media request.
 - 6.2.1. A custody control document shall contain the following information:
 - 6.2.1.1. Unique identifying case number;
 - 6.2.1.2. Date of Request;
 - 6.2.1.3. Date of completed request;

- 6.2.1.4. Number and type of files contained in the request;
- 6.2.1.5. The requesting entity;
- 6.2.1.6. Name of the individual the request was transferred to; and
- 6.2.1.7. The forensic photographer completing the request.
- 6.2.2. The completed custody control document shall be retained in the forensic photography office.
- 6.3. All case media optical disc requests shall be made through the Records Management Unit and/or Forensic Pathology Unit.
 - 6.3.1. When law enforcement and forensic agencies are present at the time of examination, requests for case media optical discs shall be made to the Forensic Pathology Unit.
 - 6.3.1.1. Up to three (3) optical discs may be provided.
 - 6.3.1.2. Examination photographs requested immediately following case examination shall only consist of the following:
 - 6.3.1.2.1. External examination; and
 - 6.3.1.2.2. Evidence and Property
 - 6.3.2. The documentation of the case media transfer is updated in CMS and printed on the 'Evidence Release' form by the Mortuary Unit staff as referenced in Evidence Collection Standard Operating Procedures.
 - 6.3.3. All case media requested by external partners post examination shall be made to the Records Management Unit.
- 6.4. Only media created by this office shall be shared with external entities.
- 6.5. All case media may be transferred in the form of optical discs and/or photographic prints.
 - 6.5.1. All optical discs that are prepared with case media shall be reviewed by forensic photographer via a computer to ensure that the disc was created correctly.
 - 6.5.2. The following information shall be provided on the face of each optical disc:
 - 6.5.2.1. Unique identifying case number;
 - 6.5.2.2. Name of decedent as it is displayed in CMS;
 - 6.5.2.3. Number of examination photographs;
 - 6.5.2.4. Date of examination; and
 - 6.5.2.5. Initials of the attending pathologist
 - 6.5.3. All optical discs transferred to DFS, private law firms, and/or OCME staff shall be created without password protection.
 - 6.5.3.1. All other requestors shall receive an optical disc with password protection.
 - 6.5.3.1.1. All optical discs shall be generated by placing all case media in a password protected, uncompressed zip folder.
 - 6.5.3.1.2. The password will consist of eight (8) randomly generated letters, numbers, and/or symbols.
 - 6.5.3.1.3. A copy of the password will accompany the disc.
 - 6.5.3.1.4. A log of all disc requests and passwords shall be maintained by the forensic photographers in the forensic photography office.
- 6.6. Requests for all case related photographic prints shall be made through the Records Management Unit and/or Forensic Pathology Unit.
 - 6.6.1. Consultation photographs may be made requested through the Pathology Unit staff,

Mortuary Staff Supervisor, designee Mortuary staff employee.

- 6.6.1.1. Only consultation photographs to be transferred to OCME consultants shall include visible unique identifying case number in the image.
- 6.6.2. Requested photographic prints shall consist of letter sized, 8.5” x 11”, prints on high quality photographic printing paper.

7. Quality Assurance

- 7.1. All examination photographs are reviewed by agency staff during the Morning Meeting.
 - 7.1.1. The Morning Meeting may consist of the following agency staff, but is not limited to:
 - 7.1.1.1. Death Investigations Unit staff
 - 7.1.1.2. Mortuary Unit staff
 - 7.1.1.3. Forensic Pathology Unit staff
 - 7.1.1.4. Records Management staff
- 7.2. All case photographs are peer reviewed daily by forensic photographers.
 - 7.2.1. The case photograph shall be verified to ensure the following
 - 7.2.1.1. Proper exposure of the photographs;
 - 7.2.1.2. Photographs are free from visual distractions;
 - 7.2.1.3. Unique identifying case number is present, when applicable;
 - 7.2.1.4. Appropriate anatomic position of the decedent;
 - 7.2.1.5. Number board is present, when applicable;
 - 7.2.1.6. Identification Band or Toe Tags are visible
 - 7.2.2. The forensic photographer shall cross reference the unique identifying case number on the photographic scales, number boards, and toe tag/identification band, with the unique identifying case number in CMS.
 - 7.2.2.1. Evaluation of quality compliance shall be documented on the Photography Quality Assurance Checklist and Competency form.
 - 7.2.3. All discrepancies shall be immediately reported to the attending pathologist, Mortuary Unit Supervisor, and Lead Forensic Photographer.

8. Equipment Maintenance and Supplies

- 8.1. All camera equipment shall be maintained by the assigned forensic photographer.
- 8.2. All camera equipment shall be serviced by the Lead Forensic Photographer every six (6) months.
 - 8.2.1. The camera body sensor, as well as the camera lenses shall be cleaned.
 - 8.2.2. The camera will receive firmware updates that are made available from the manufacturer.
 - 8.2.3. Normal operation of the camera shall be verified.
- 8.3. A log of assigned photography equipment shall be maintained by the Lead Forensic Photographer.
- 8.4. Service, warranty, and product information of all photographic equipment shall be

- maintained by the Lead Forensic Photographer.
- 8.5. Examination camera equipment shall be cleaned weekly using appropriate cleaning methods.
- 8.5.1. Camera equipment includes, but is not limited to:
- 8.5.1.1. Camera Body
 - 8.5.1.2. Lenses
 - 8.5.1.3. Stroboscopic Flash Units
- 8.6. Dirty, soiled, and wet gloves shall not be worn while handling camera equipment due to the sensitivity and nature of the equipment.
- 8.7. All ladders, stands, specimen boards, and screens used during case examinations shall be cleaned daily using appropriate cleaning solutions.
- 8.8. All photographic equipment and supplies shall be inventoried every two (2) months.
- 8.8.1. A log of all photography equipment and supplies shall be maintained by the Lead Forensic Photographer.
- 8.9. Equipment and supply requests shall be made through the Mortuary Unit Supervisor.

9. Safety

- 9.1. The proper personal protective equipment (PPE) shall be worn by Forensic Photographers while performing procedures in the autopsy room during case examination.
- 9.1.1. The PPE shall be donned prior to the First Photograph.
- 9.1.2. The following PPE shall be worn:
- 9.1.2.1. N95 Respirator
 - 9.1.2.2. Hair Bonnet
 - 9.1.2.3. Apron/ Gowns
 - 9.1.2.4. Shoe Covers
 - 9.1.2.5. Sleeves