This protocol provides a framework for the content and completion of quality assurance reviews as specified in sections 4 and 6 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

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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

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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:


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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 with limitations – 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