

**APPENDIX \*\*\*\***  
**QUALITY ASSURANCE PROTOCOL FOR POST-CONVICTION  
SEX OFFENDER POLYGRAPH TESTING**

**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*

## QUALITY ASSURANCE PROTOCOL

Examination ID: \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Reviewing Examiner: \_\_\_\_\_ Date of Review: \_\_\_\_\_

Original Examiner: \_\_\_\_\_

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

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**1. Pretest Interview:**

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

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

**2. In-Test Phase:**

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

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

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**3. Post Test Interview:**

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

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

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**4. Chart Interpretation**

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

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

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

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**5. Report**

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

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B. Report Content

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

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

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

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

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

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

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

**6. Other Considerations:**

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\_\_\_\_\_  
*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: \_\_\_\_\_

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### 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*

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### 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*