

APPENDIX A

RFSQ REQUIRED FORMS

POLYGRAPH EXAMINATION SERVICES

REVISED UNDER BULLETIN #5

**APPENDIX A
REQUIRED FORMS
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**REQUIRED FORMS - EXHIBIT 1
(Revised Under Bulletin #5)
VENDOR'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

Please complete, sign and date this form. The person signing the form must be authorized to sign on behalf of the Vendor and to bind the applicant in a Master Agreement.

1. Is your firm a corporation or limited liability company? (LLC)? **Yes** **No**

If yes, complete:

Legal Name (found in Articles of Incorporation) _____

State _____ Year Inc. _____

2. If your firm is a limited partnership or a sole proprietorship, state the name of the proprietor or managing partner:

3. Is your firm doing business under one or more DBA's? **Yes** **No**

If yes, complete:

Name	County of Registration	Year became DBA
------	------------------------	-----------------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

4. Is your firm wholly/majority owned by, or a subsidiary of another firm? **Yes** **No**

If yes, complete:

Name of parent firm: _____

State of incorporation or registration of parent firm: _____

5. Has your firm done business as other names within last five years? **Yes** **No**

If yes, complete:

Name _____ Year of Name Change _____

Name _____ Year of Name Change _____

6. Is your firm involved in any pending acquisition or mergers, including the associated company name?

Yes **No** If yes, provide information:

**REQUIRED FORMS - EXHIBIT 1
(Revised Under Bulletin #5)
VENDOR'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

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Vendor acknowledges and certifies that firm meets and will comply with the Vendor's Minimum Qualifications as stated in Paragraph 1.4 (Vendor's Minimum Mandatory Qualifications), of this Request for Statement of Qualifications, as listed below.

Check the appropriate boxes:

Yes **No** Vendor must be recognized and accredited by one of the following professional polygraph associations:

- a. American Polygraph Association;
- b. California Association of Polygraph Examiners; or
- c. American Association of Police Polygraphists.

Vendor shall submit copies of accreditation(s) and/or certificate(s) to verify this Minimum Mandatory Qualification.

Yes **No** Vendor must be active in the administration of polygraph examinations. To qualify for this status, Vendor must meet the following criteria:

- a. Vendor must have completed a minimum total of 200 documented polygraph examinations;
- b. Of the total documented polygraph examinations, Vendor must have administered a minimum of 100 polygraph exams for a law enforcement agency(ies); and
- c. 25 of the 100 polygraph exams for a law enforcement agency(ies) must have been within the last three years using the Lafayette computerized polygraph instrument.

Vendor shall provide references and supporting documentation to verify this Minimum Mandatory Qualification, which shall include start dates, end dates, agency names, and services provided.

Yes **No** Vendor's proposed polygraph examiners must have successfully graduated from a polygraph course recognized and accredited by the American Polygraph Association, California Association of Polygraph Examiners, or the American Association of Police Polygraphists.

Vendor shall submit copies of diploma(s) and/or certificate(s) for each polygraph examiner that will provide Services to verify this Minimum Mandatory Qualification.

**REQUIRED FORMS - EXHIBIT 1
(Revised Under Bulletin #5)
VENDOR'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

Page 3 of 4

Yes **No** Vendor's proposed polygraph examiners must be current members, in good standing, and have attended a minimum of 12 hours of training sponsored by one of the following professional polygraph examiner associations within the last three years:

- a. American Polygraph Association;
- b. California Association of Polygraph Examiners; or
- c. American Association of Police Polygraphists.

Vendor must provide copies of memberships and training certificates for each polygraph examiner who will provide Services to verify this Minimum Mandatory Qualification.

Yes **No** Vendor's proposed polygraph examiner must pass the polygraph proficiency test [refer to Exhibit 14 (Proficiency Exam) of Appendix A (Required Forms) to this RFSQ] consisting of general polygraph knowledge, question formulation, chart analysis, and instrumentation, (with a score of 100 percent.)

Vendor must complete and submit an Exhibit 14 (Proficiency Exam) of Appendix A (Required Forms) to this RFSQ for each polygraph examiner who will provide Services to verify this Minimum Mandatory Qualification.

Vendor's proposed polygraph examiner must pass the polygraph proficiency test on the first attempt. Proposed polygraph examiners who fail to achieve a score of 100 percent, will be disqualified, and eliminated from further consideration.

Yes **No** If Vendor's compliance with a County contract has been reviewed by the Department of the Auditor-Controller within the last ten years, then Vendor must not have unresolved questioned costs identified by the Auditor-Controller, in an amount over \$100,000.00, that are confirmed to be disallowed costs by the contracting County department, and remain unpaid for six months or more from the date of disallowance, unless such disallowed costs are the subject of current good faith negotiations to resolve the disallowed costs, in the opinion of County.

**REQUIRED FORMS - EXHIBIT 1
(Revised Under Bulletin #5)
VENDOR'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

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Vendor further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this SOQ are made, the SOQ may be rejected. The evaluation and determination in this area shall be at the Director's sole judgment and his/her judgment shall be final.

DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

VENDOR NAME:		COUNTY WEBVEN NUMBER:
ADDRESS:		
PHONE NUMBER:	E-MAIL:	
INTERNAL REVENUE SERVICE EMPLOYER IDENTIFICATION NUMBER:	CALIFORNIA BUSINESS LICENSE NUMBER:	
VENDOR OFFICIAL NAME AND TITLE (PRINT):		
SIGNATURE		DATE

**REQUIRED FORMS - EXHIBIT 1A
(Revised Under Bulletin #5)**

COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION

Instructions and CBE Form may be obtained by going to the following website:

http://file.mylacounty.gov/SDSIntra/isd/pcs/countyservicecontracts/1111229_CBEForm.xlsx

**REQUIRED FORMS - EXHIBIT 2
CERTIFICATION OF NO CONFLICT OF INTEREST**

The Los Angeles County Code, Section 2.180.010, provides as follows:

CONTRACTS PROHIBITED

Notwithstanding any other section of this Code, the County shall not contract with, and shall reject any SOQs submitted by, the persons or entities specified below, unless the Board of Supervisors finds that special circumstances exist which justify the approval of such Master Agreement:

1. Employees of the County or of public agencies for which the Board of Supervisors is the governing body;
2. Profit-making firms or businesses in which employees described in number 1 serve as officers, principals, partners, or major shareholders;
3. Persons who, within the immediately preceding 12 months, came within the provisions of number 1, and who:
 - a. Were employed in positions of substantial responsibility in the area of service to be performed by the contract; or
 - b. Participated in any way in developing the contract or its service specifications; and
4. Profit-making firms or businesses in which the former employees, described in number 3, serve as officers, principals, partners, or major shareholders.

Master Agreements submitted to the Board of Supervisors for approval or ratification shall be accompanied by an assurance by the submitting department, district or agency that the provisions of this section have not been violated.

Vendor Name

Vendor Official Title

Official's Signature

**REQUIRED FORMS - EXHIBIT 3
VENDOR'S EEO CERTIFICATION**

Company Name

Address

Internal Revenue Service Employer Identification Number

GENERAL

In accordance with provisions of the County Code of the County of Los Angeles, the Vendor certifies and agrees that all persons employed by such firm, its affiliates, subsidiaries, or holding companies are and will be treated equally by the firm without regard to or because of race, religion, ancestry, national origin, or sex and in compliance with all anti-discrimination laws of the United States of America and the State of California.

CERTIFICATION	YES	NO
1. Vendor has written policy statement prohibiting discrimination in all phases of employment.	()	()
2. Vendor periodically conducts a self-analysis or utilization analysis of its work force.	()	()
3. Vendor has a system for determining if its employment practices are discriminatory against protected groups.	()	()
4. When areas are identified in employment practices, Vendor has a system for taking reasonable corrective action to include establishment of goal and/or timetables.	()	()

Signature

Date

Name and Title of Signer (please print)

**REQUIRED FORMS - EXHIBIT 4
REQUEST FOR PREFERENCE CONSIDERATION**

INSTRUCTIONS: Businesses requesting preference consideration must complete and return this form for proper consideration of the SOQ. Businesses may request consideration for one or more preference programs. Check all certifications that apply.*

I MEET ALL OF THE REQUIREMENTS AND REQUEST THIS SOQ BE CONSIDERED FOR THE PREFERENCE PROGRAM(S) SELECTED BELOW. A COPY OF THE CERTIFICATION LETTER ISSUED BY THE DEPARTMENT OF CONSUMER AND BUSINESS AFFAIRS (DCBA) IS ATTACHED.

Request for Local Small Business Enterprise (LSBE) Program Preference

- Certified by the State of California as a small business and has had its principal place of business located in Los Angeles County for at least one year; **or**
- Certified as a LSBE with other certifying agencies under DCBA's inclusion policy that has its principal place of business located in Los Angeles County and has revenues and employee size that meet the State's Department of General Services requirements; **and**
- Certified as a LSBE by the DCBA.

Request for Social Enterprise (SE) Program Preference

- A business that has been in operation for at least one year providing transitional or permanent employment to a Transitional Workforce or providing social, environmental and/or human justice services; **and**
- Certified as a SE business by the DCBA.

Request for Disabled Veterans Business Enterprise (DVBE) Program Preference

- Certified by the State of California, **or**
- Certified by U.S. Department of Veterans Affairs as a DVBE; **or**
- Certified as a DVBE with other certifying agencies under DCBA's inclusion policy that meets the criteria set forth by: the State of California as a DVBE or is verified as a service-disabled veteran-owned small business by the Veterans Administration: **and**
- Certified as a DVBE by the DCBA.

***BUSINESS UNDERSTANDS THAT ONLY ONE OF THE ABOVE PREFERENCES WILL APPLY. IN NO INSTANCE SHALL ANY OF THE ABOVE LISTED PREFERENCE PROGRAMS PRICE OR SCORING PREFERENCE BE COMBINED WITH ANY OTHER COUNTY PROGRAM TO EXCEED FIFTEEN PERCENT (15%) IN RESPONSE TO ANY COUNTY SOLICITATION.**

DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

DCBA certification is attached.

Name of Firm		County Webven No.	
Print Name:		Title:	
Signature:		Date:	
Reviewer's Signature	Approved	Disapproved	Date

REQUIRED FORMS - EXHIBIT 5
FAMILIARITY WITH THE COUNTY
LOBBYIST ORDINANCE CERTIFICATION

The Vendor certifies that:

- 1) it is familiar with the terms of the County of Los Angeles Lobbyist Ordinance, Los Angeles Code Chapter 2.160;
- 2) that all persons acting on behalf of the Vendor organization have and will comply with it during the proposal process; and
- 3) it is not on the County's Executive Office's List of Terminated Registered Lobbyists.

Signature: _____

Date: _____

**REQUIRED FORMS - EXHIBIT 6
PROSPECTIVE CONTRACTOR REFERENCES**

Contractor's Name: _____

List three references where the same or similar scope of services, as required in Attachment 1 (Statement of Work) of this RFSQ, were provided. (Contact person for references must be able to answer questions related to services provided.)

1. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
2. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
3. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
4. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
5. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.

**REQUIRED FORMS - EXHIBIT 7
PROSPECTIVE CONTRACTOR LIST OF CONTRACTS**

Contractor's Name: _____

List of all public entities for which the Contractor has provided service within the last three years. Use additional sheets if necessary.

1. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
2. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
3. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
4. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
5. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.

**REQUIRED FORMS - EXHIBIT 8
PROSPECTIVE CONTRACTOR LIST OF TERMINATED CONTRACTS**

Contractor's Name: _____

List all contracts that have been terminated with the past three years.

1. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.		Reason for Termination:		
2. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.		Reason for Termination:		
3. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.		Reason for Termination:		
4. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.		Reason for Termination:		
5. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.		Reason for Termination:		

**REQUIRED FORMS - EXHIBIT 9
ATTESTATION OF WILLINGNESS TO CONSIDER
GAIN-GROW PARTICIPANTS**

As a threshold requirement for consideration for contract award, Vendor shall demonstrate a proven record for hiring GAIN-GROW participants or shall attest to a willingness to consider GAIN-GROW participants for any future employment opening if they meet the minimum qualifications for that opening. Additionally, Vendor shall attest to a willingness to provide employed GAIN-GROW participants access to the Vendor's employee mentoring program, if available, to assist these individuals in obtaining permanent employment and/or promotional opportunities.

To report all job openings with job requirements to obtain qualified GAIN-GROW participants as potential employment candidates, Contractor shall email: GAINGROW@DPSS.LACOUNTY.GOV and BSERVICES@WDACS.LACOUNTY.GOV.

Vendors unable to meet this requirement shall not be considered for contract award.

Vendor shall complete all of the following information, sign where indicated below, and return this form with any resumes and/or SOQ being submitted:

A. Vendor has a proven record of hiring GAIN-GROW participants.

_____ YES (subject to verification by County) _____ NO

B. Vendor is willing to provide DPSS with all job openings and job requirements to consider GAIN-GROW participants for any future employment openings if the GAIN-GROW participant meets the minimum qualifications for the opening. "Consider" means that Vendor is willing to interview qualified GAIN-GROW participants.

_____ YES _____ NO

C. Vendor is willing to provide employed GAIN-GROW participants access to its employee-mentoring program, if available.

_____ YES _____ NO _____ N/A (Program not available)

Vendor Organization: _____

Signature: _____

Print Name: _____

Title: _____ Date: _____

Telephone No.: _____ Fax No.: _____

REQUIRED FORMS - EXHIBIT 10
COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM
CERTIFICATION FORM AND APPLICATION FOR EXCEPTION

The County's solicitation for this Request for Statement of Qualifications is subject to the County of Los Angeles Contractor Employee Jury Service Program (Program), Los Angeles County Code, Chapter 2.203. All Vendors, whether a contractor or subcontractor, must complete this form to either certify compliance or request an exception from the Program requirements. Upon review of the submitted form, the County department will determine, in its sole discretion, whether the Vendor is given an exemption from the Program

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:		
Solicitation For Polygraph Examination Services		

If you believe the Jury Service Program does not apply to your business, check the appropriate box in Part I (attach documentation to support your claim); or, complete Part II to certify compliance with the Program. Whether you complete Part I or Part II, please sign and date this form below.

Part I: Jury Service Program is Not Applicable to My Business

- My business does not meet the definition of "contractor," as defined in the Program, as it has not received an aggregate sum of \$50,000 or more in any 12-month period under one or more County contracts or subcontracts (this exception is not available if the contract itself will exceed \$50,000). I understand that the exception will be lost and I must comply with the Program if my revenues from the County exceed an aggregate sum of \$50,000 in any 12-month period.

- My business is a small business as defined in the Program. It 1) has ten or fewer employees; and, 2) has annual gross revenues in the preceding twelve months which, if added to the annual amount of this contract, are \$500,000 or less; and, 3) is not an affiliate or subsidiary of a business dominant in its field of operation, as defined below. I understand that the exception will be lost and I must comply with the Program if the number of employees in my business and my gross annual revenues exceed the above limits.

"Dominant in its field of operation" means having more than ten employees and annual gross revenues in the preceding twelve months, which, if added to the annual amount of the contract awarded, exceed \$500,000.

"Affiliate or subsidiary of a business dominant in its field of operation" means a business which is at least 20 percent owned by a business dominant in its field of operation, or by partners, officers, directors, majority stockholders, or their equivalent, of a business dominant in that field of operation.

- My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program.

OR

Part II: Certification of Compliance

- My business has and adheres to a written policy that provides, on an annual basis, no less than five days of regular pay for actual jury service for full-time employees of the business who are also California residents, **or** my company will have and adhere to such a policy prior to award of the contract.

I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.

Print Name:	Title:
Signature:	Date:

REQUIRED FORMS - EXHIBIT 11

**CERTIFICATION OF COMPLIANCE WITH THE COUNTY'S
DEFAULTED PROPERTY TAX REDUCTION PROGRAM**

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:	Email address:	
Solicitation For Polygraph Examination Services		

The Vendor certifies that:

- It is familiar with the terms of the County of Los Angeles Defaulted Property Tax Reduction Program, Los Angeles County Code Chapter 2.206; **AND**

To the best of its knowledge, after a reasonable inquiry, the Vendor is not in default, as that term is defined in Los Angeles County Code Section 2.206.020.E, on any Los Angeles County property tax obligation; **AND**

The Vendor agrees to comply with the County's Defaulted Property Tax Reduction Program during the term of any awarded contract.

- OR -

- I am exempt from the County of Los Angeles Defaulted Property Tax Reduction Program, pursuant to Los Angeles County Code Section 2.206.060, for the following reason:

I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.

Print Name:	Title:
Signature:	Date:

REQUIRED FORMS - EXHIBIT 12

**ZERO TOLERANCE POLICY ON HUMAN TRAFFICKING
CERTIFICATION**

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:	Email address:	
Solicitation for Polygraph Examination Services		

VENDOR CERTIFICATION

Los Angeles County has taken significant steps to protect victims of human trafficking by establishing a zero tolerance policy on human trafficking that prohibits Contractors found to have engaged in human trafficking from receiving contract awards or performing services under a County contract.

Vendor acknowledges and certifies compliance with Paragraph 8.53 (Compliance with County's Zero Tolerance Policy on Human Trafficking) of the proposed Master Agreement and agrees that Vendor or a member of his staff performing work under the proposed Master Agreement will be in compliance. Vendor further acknowledges that noncompliance with the County's Zero Tolerance Policy on Human Trafficking may result in rejection of any Statement of Qualifications, or cancellation of any resultant Master Agreement, at the sole judgment of the County.

I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct and that I am authorized to represent this company.

Print Name:	Title:
Signature:	Date:

REQUIRED FORMS - EXHIBIT 13

**COMPLIANCE WITH FAIR CHANCE EMPLOYMENT HIRING PRACTICES
CERTIFICATION**

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:	Email address:	
Solicitation for Polygraph Examination Services		

VENDOR CERTIFICATION

The Los Angeles County Board of Supervisors approved a Fair Chance Employment Policy in an effort to remove job barriers for individuals with criminal records. The policy requires businesses that contract with the County to comply with fair chance employment hiring practices set forth in California Government Code Section 12952, Employment Discrimination: Conviction History (California Government Code Section 12952), effective January 1, 2018.

Vendor acknowledges and certifies compliance with fair chance employment hiring practices set forth in California Government Code Section 12952 and agrees that Vendor and staff performing work under the Master Agreement will be in compliance. Vendor further acknowledges that noncompliance with fair chance employment practices set forth in California Government Code Section 12952 may result in rejection of any Statement of Qualifications, or termination of any resultant Master Agreement, at the sole judgment of the County.

I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct and that I am authorized to represent this company.

Print Name:	Title:
Signature:	Date:

REQUIRED FORMS - EXHIBIT 14
PROFICIENCY EXAMINATION

NAME _____ INITIALS: _____

1. In a pre-employment prescreen examination the proper term for reporting consistent responses to a particular relevant question is?
 - a. Deception indicated
 - b. No deception indicated
 - c. Significant response
 - d. Inconclusive

2. A lack of notable consistent physiological response patterns to any relevant questions on pre-employment prescreen charts is called what?
 - a. No deception indicated.
 - b. Inconclusive
 - c. Incomplete
 - d. No Significant responses.

3. In a ZCT format, question #5 is what type of question?
 - a. Sacrifice relevant
 - b. Control
 - c. Symptomatic
 - d. Relevant

4. In a ZCT/U-Phase format, to make a determination of NDI using a three point scale the grand total must be?
 - a. +6 or greater
 - b. +5 or greater
 - c. +3 or greater
 - d. +4 or greater

5. The AFMGQT data analysis is done by spot total only. There is no cumulative score.
 - a. T
 - b. F

6. For a spot to be scored as a plus (+) using the three point scale, the reaction to the control question must be _____ the relevant.
 - a. Twice as great as the
 - b. Greater than
 - c. Less than
 - d. The same as or equal to

7. For proper evaluation of a Pre-Employment Polygraph Examination, how many charts would need to be administered (not including the Stim Test)?
 - a. One
 - b. Two
 - c. Three
 - d. Four

8. When evaluating a response to a question where the subject took a deep breath at the onset of the question, the following considerations should be taken:
 - a. Disregard the pneumo parameter and score the GSR and cardio parameter as normal
 - b. Disregard the pneumo parameter and the cardio parameter and score only the GSR parameter
 - c. Consider the deep breath as a reaction and score all parameters as usual.
 - d. Disregard the entire question as the deep breath probably caused artifacts and distortions in all parameters precluding proper evaluation of the question.

9. Forty breaths per minute would be considered?
 - a. Dangerous by doctors
 - b. Hyperventilation
 - c. No harm
 - d. A reaction

10. Polygraph examinee Gomez tells you that he does not believe in the polygraph examination and continually questions what you are telling him. He can't seem to answer your questions with a yes or no answer and keeps stating he is confused and doesn't remember. He is not listening to what you are telling him. What do you do with Gomez?

11. A polygraph examinee tells you that he has also applied for a position with another PD and just completed his polygraph examination yesterday. When you ask how he did, he replies that he is very upset because he was told he was deceptive to use of cocaine. He states he has never used cocaine and doesn't know why that test came out like it did. He also comments on the manner in which the other examiner grilled him about his use of cocaine. Do you test this person today?
- a. Yes
 - b. No

Review the following applicant scenarios. Based on the polygraph examinee's statements and admissions, and the American's with Disabilities Act (ADA), write pre-employment questions that would fit a standard "pre-screening format".

12. Polygraph examinee admits to using marijuana 5 times, the last use being in 1997.

Q: " _____
_____ ?"

Q: " _____
_____ ?"

13. The female polygraph examinee was molested as a child by her step-brother. She states this is a very traumatic and personal issue to have to discuss. How would you phrase an unlawful sex question?

Q: " _____
_____ ?"

14. A polygraph examinee admits to stealing \$800 in miscellaneous cash and merchandise in his lifetime. Based on this information, how would you ask a theft question?

Q: " _____
_____ ?"

15. **CHART EVALUATION AND SCORING**

Score the attached ZCT chart using the three (3) point scale and the attached score sheet.

Render an opinion.

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT
Scientific Services Bureau
Polygraph Unit

You Phase Test
 Numerical Evaluation
CHART EVALUATION AND SCORING

Examinee: _____
 Case Number: _____
 Date: _____
 Examiner: _____

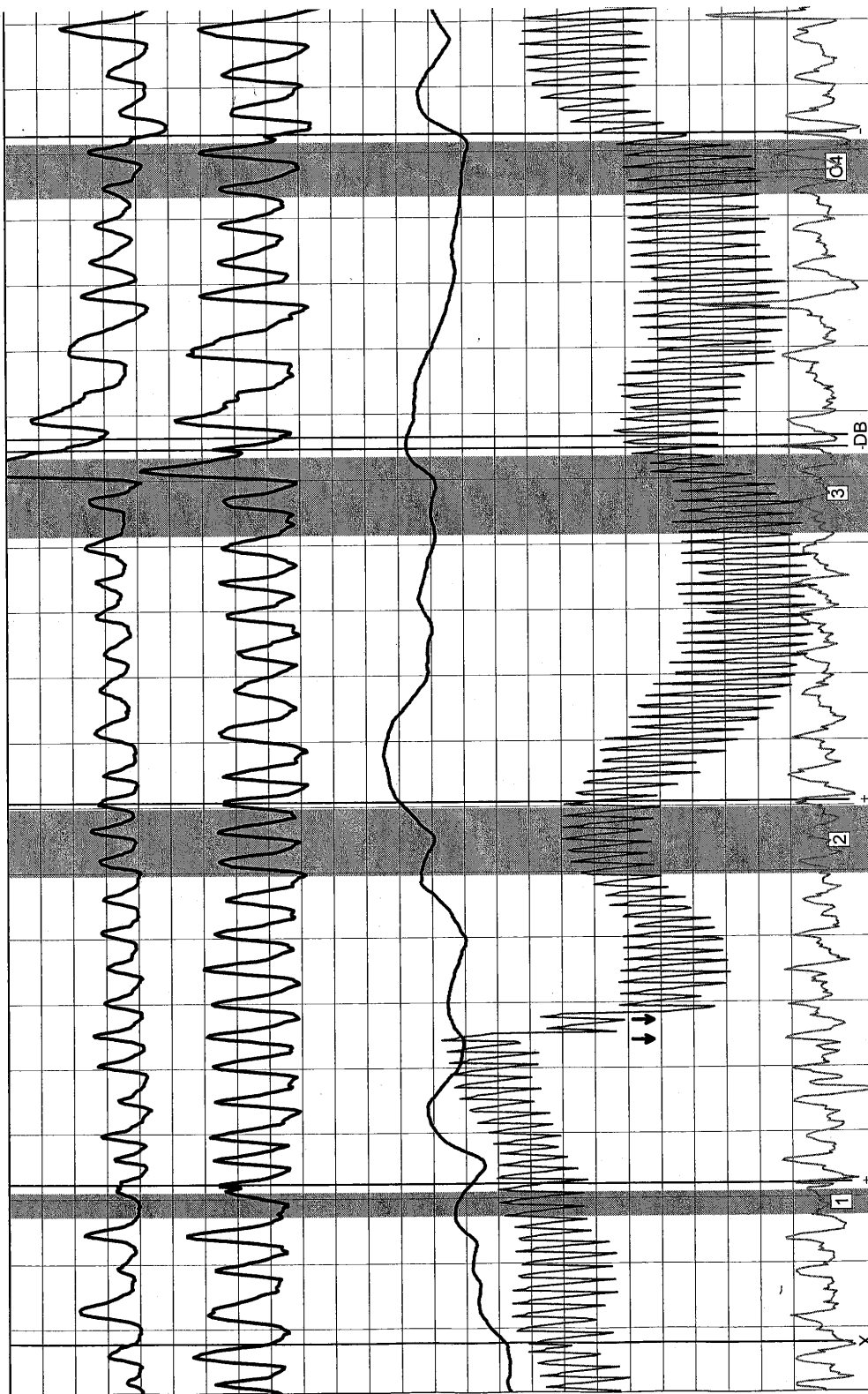
Chart No. 3	Q#5	Q#7
Pneumograph		
Galvanic Skin Response		
Cardiograph		
Subtotal		
Chart No. 4		
Pneumograph		
Galvanic Skin Response		
Cardiograph		
Subtotal		
Chart No. 5		
Pneumograph		
Galvanic Skin Response		
Cardiograph		
Subtotal		
<i>Spot Totals</i>		
<i>Grand Total</i>		

Scoring: NDI: + in each spot and grand total of +4 or greater overall
 DI: -3 or less in any spot or grand total of -4 for both

Chart Interpretation: R5 to C4 or C6; R7 to C6 or C8

Int-44 (rev 11/05)

QC by: _____

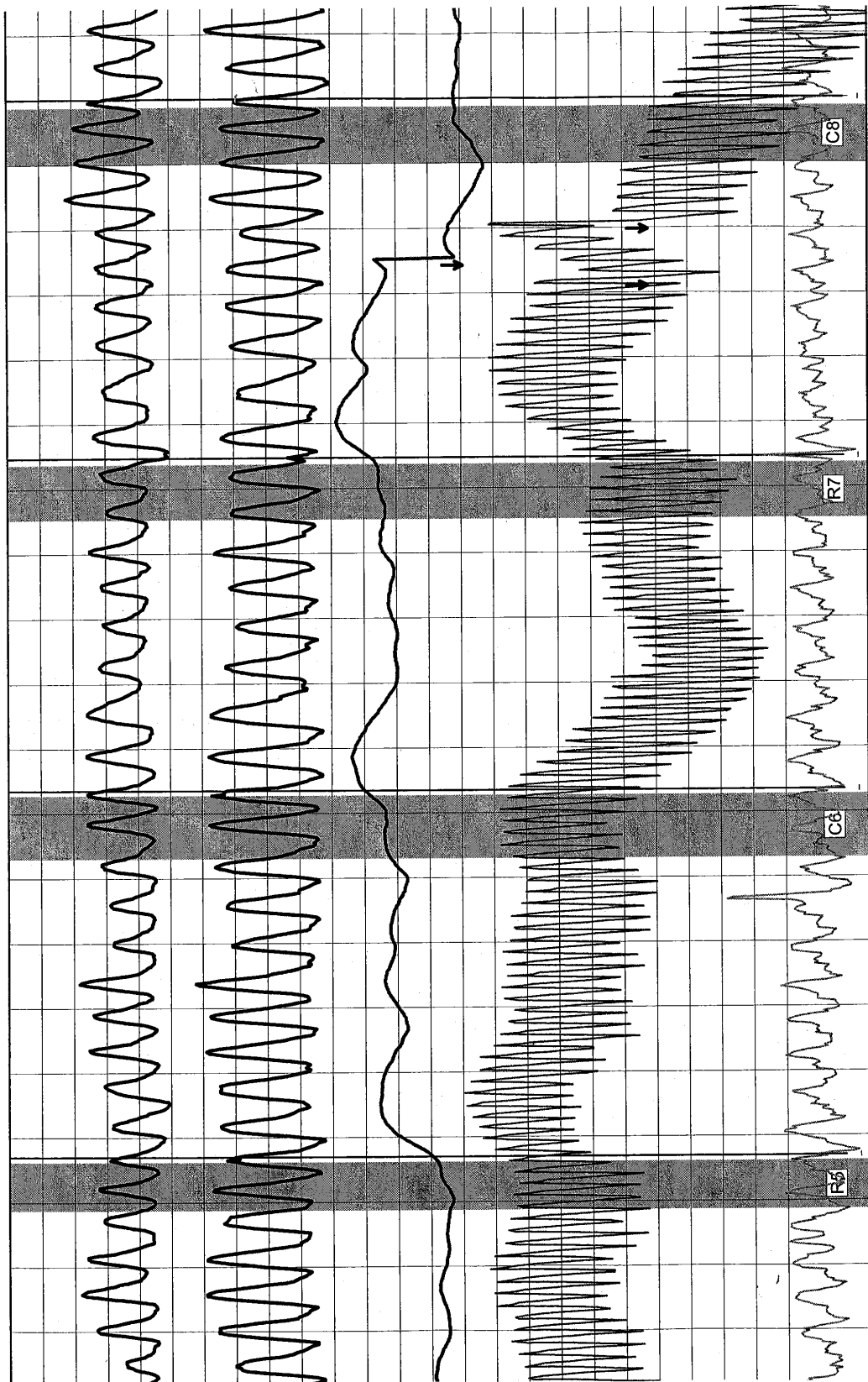


06154 Exam 1 Chart 3
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 Examiner: System Administrator
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 Cuff Pressure Start: 75 End: 81
 You Phase (Zone)

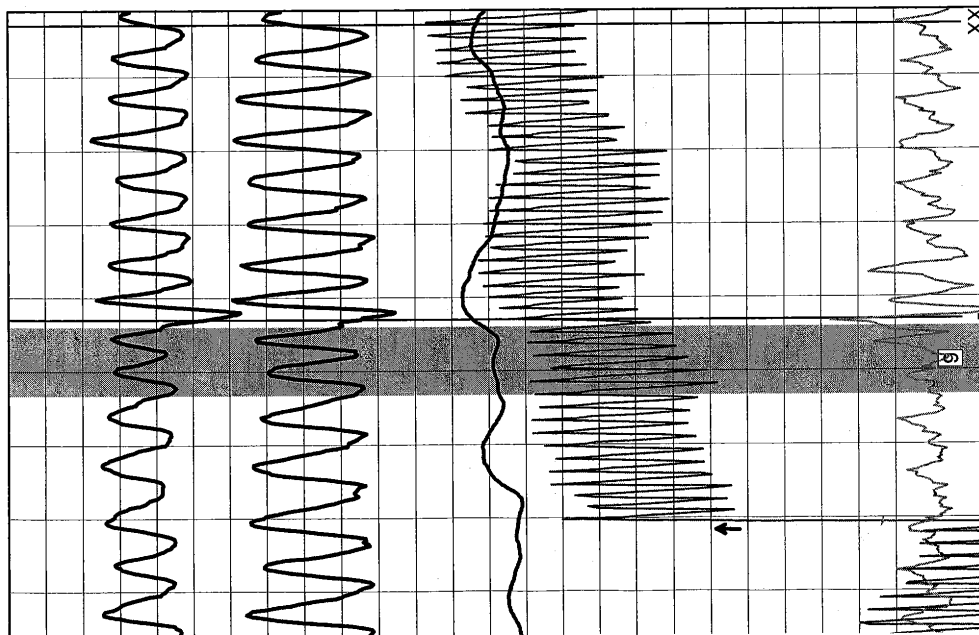
Gain Settings:	P2	P1	GS	CA	AU	A2	A3
Recorded: Start	8.3	5.0	2.0	1.2	---	---	5.0
Recorded: End	8.3	5.0	2.0	1.2	---	---	5.0
Printed: Start	8.3	5.0	2.0	1.2	---	---	5.0
Printed: End	8.3	5.0	2.0	1.2	---	---	5.0

Recorded Electrodermal: Manual
 Printed Electrodermal: Manual

page 1 of 3
9.9.5



06154 Exam 1 Chart 3 page 2 of 3
 Subject: [REDACTED] 9.9.5
 Examiner: System Administrator
 Date: 9/22/2006 View Size: Normal
 Time Start: 9:15:22 AM End: 9:19:37 AM Duration: 04:15
 Cuff Pressure Start: 75 End: 81
 You Phase (Zone)
 Gain Settings:
 Recorded: Start 8.3 P1 5.0 GS 2.0 CA 1.2 AU --- A2 --- A3 5.0
 Recorded: End 8.3 P2 5.0 GS 2.0 CA 1.2 AU --- A2 --- A3 5.0
 Printed: Start 8.3 P1 5.0 GS 2.0 CA 1.2 AU --- A2 --- A3 5.0
 Printed: End 8.3 P2 5.0 GS 2.0 CA 1.2 AU --- A2 --- A3 5.0
 Recorded Electrodermal: Manual
 Printed Electrodermal: Manual



06154 Exam 1: Chart 3

Subject: [REDACTED]

Examiner: System Administrator

Date: 9/22/2006 View Size: Normal

Time Start: 9:15:22 AM End: 9:19:37 AM Duration: 04:15

Cuff Pressure Start: 75 End: 81

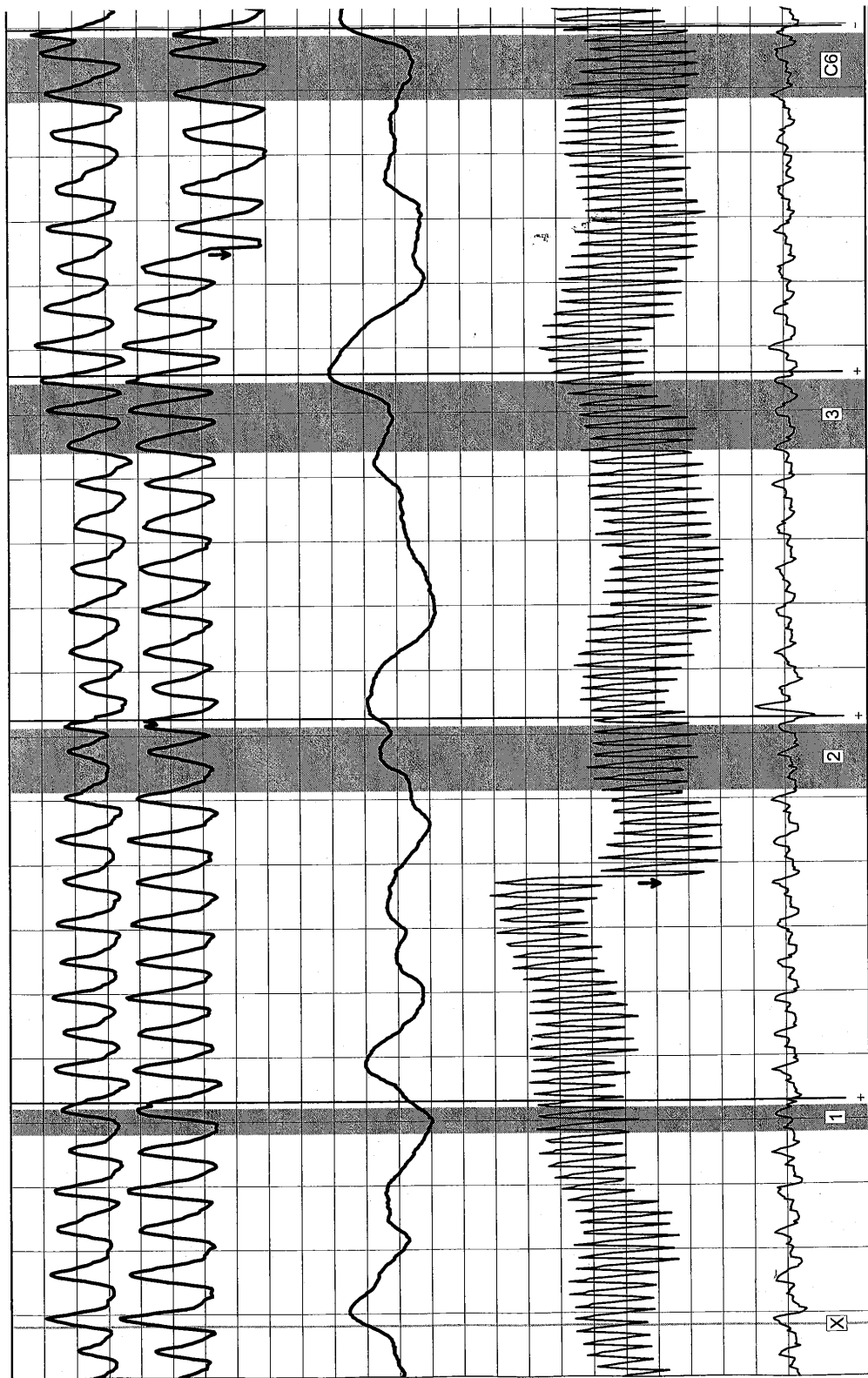
You Phase (Zone)

Gain Settings:	P2	P1	GS	CA	AU	A2	A3
Recorded: Start	8.3	5.0	2.0	1.2	---	---	5.0
Recorded: End	8.3	5.0	2.0	1.2	---	---	5.0
Printed: Start	8.3	5.0	2.0	1.2	---	---	5.0
Printed: End	8.3	5.0	2.0	1.2	---	---	5.0

Recorded Electrodermal: Manual

Printed Electrodermal: Manual

page 3 of 3
9.9.5



06154 Exam 1 Chart 4

Subject: [REDACTED]

Examiner: System Administrator

Date: 9/22/2006 View Size: Normal

Time Start: 9:23:25 AM End: 9:27:40 AM Duration: 04:15

Cuff Pressure Start: 79 End: 83

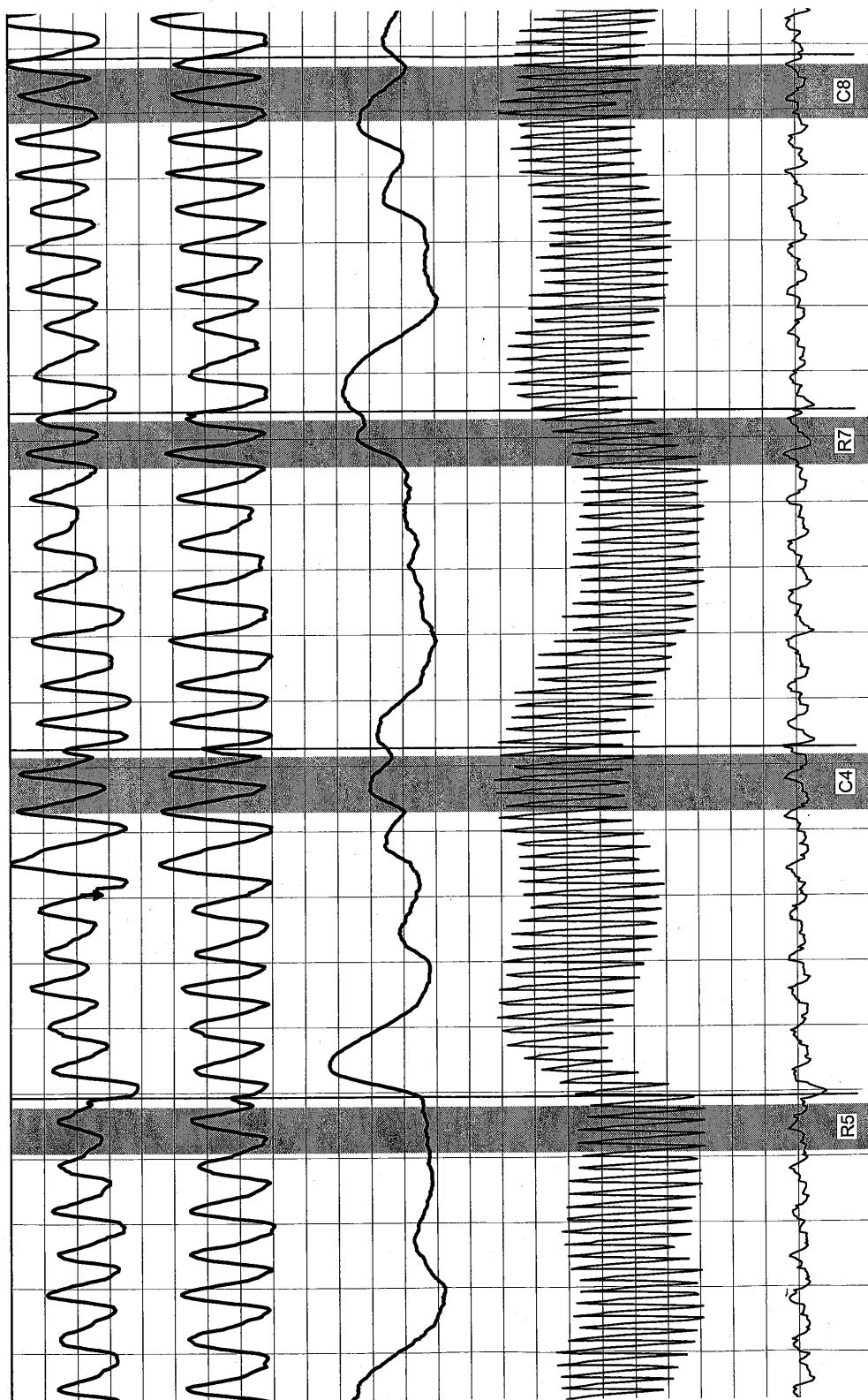
You Phase (Zone)

Gain Settings:	P2	P1	GS	CA	AU	A2	A3
Recorded: Start	9.0	5.0	2.3	1.2	---	---	5.0
Recorded: End	9.0	5.0	2.3	1.2	---	---	5.0
Printed: Start	10	4.0	4.0	1.0	---	---	2.2
Printed: End	10	4.0	4.0	1.0	---	---	2.2

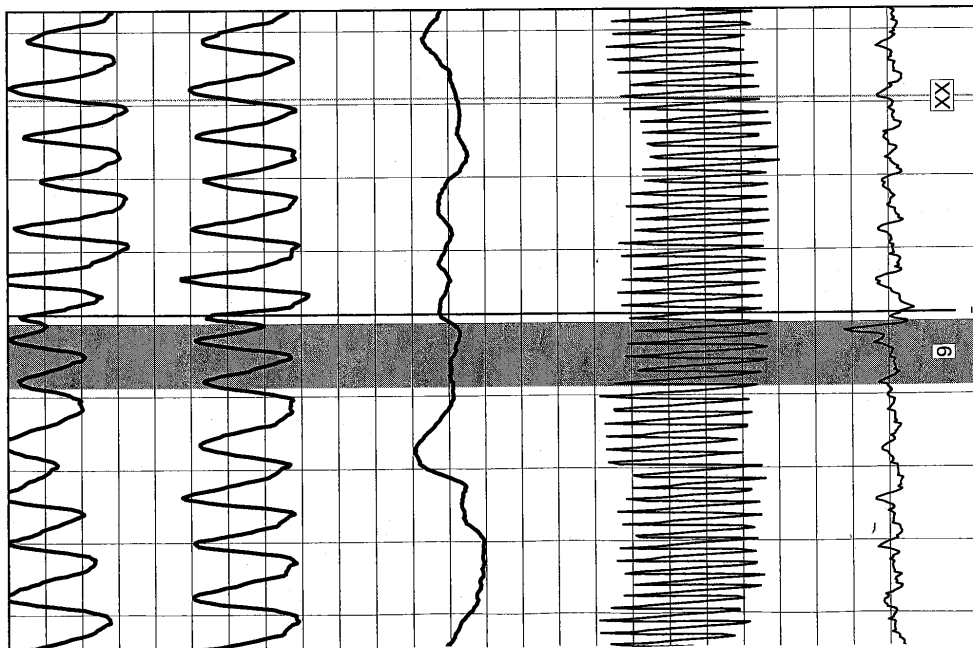
Recorded Electrodermal: Manual

Printed Electrodermal: Automatic

page 1 of 3
9.9.5

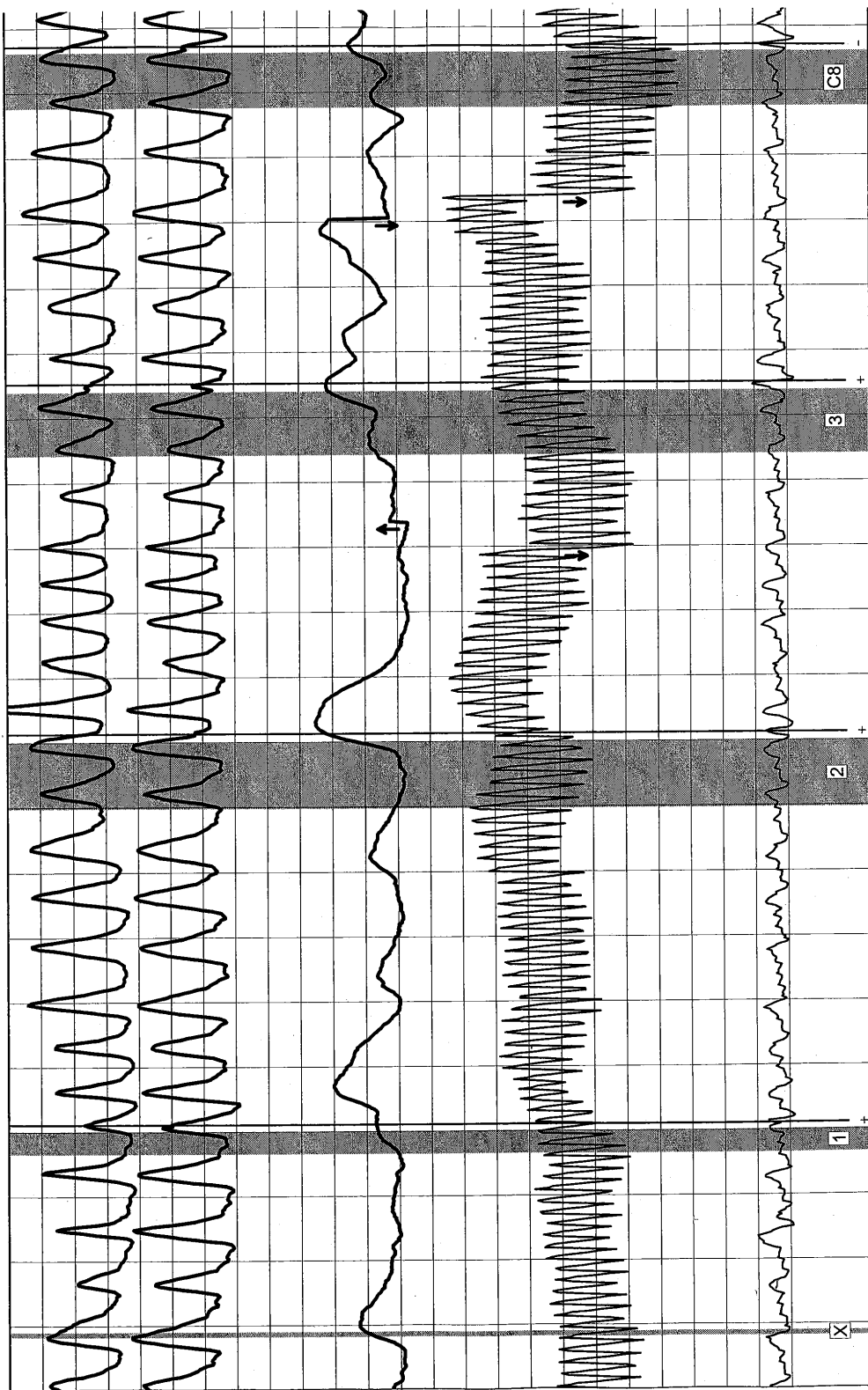


06154 Exam 1 Chart 4 page 2 of 3
 Subject: [REDACTED] 9.9.5
 Examiner: System Administrator
 Date: 9/22/2006 View Size: Normal
 Time Start: 9:23:25 AM End: 9:27:40 AM Duration: 04:15
 Cuff Pressure Start: 79 End: 83
 You Phase (Zone)
 Gain Settings: P1 5.0 2.3 1.2 GS CA AU A2 A3
 Recorded: Start 9.0 5.0 2.3 1.2 1.2 5.0
 Recorded: End 9.0 5.0 2.3 1.2 1.2 5.0
 Printed: Start 10 4.0 4.0 1.0 1.0 2.2
 Printed: End 10 4.0 4.0 1.0 1.0 2.2
 Recorded Electrodermal: Manual
 Printed Electrodermal: Automatic



Gain Settings:		P2	P1	GS	CA	AU	A2	A3	page 3 of 3
Recorded: Start	9.0	5.0	2.3	1.2	---	---	---	5.0	9.9.5
Recorded: End	9.0	5.0	2.3	1.2	---	---	---	5.0	
Printed: Start	10	4.0	4.0	1.0	---	---	---	2.2	
Printed: End	10	4.0	4.0	1.0	---	---	---	2.2	
Recorded Electrodermal: Manual									
Printed Electrodermal: Automatic									

06154 Exam 1 Chart 4
 Subject: [REDACTED]
 Examiner: System Administrator
 Date: 9/22/2006 View Size: Normal
 Time Start: 9:23:25 AM End: 9:27:40 AM Duration: 04:15
 Cuff Pressure Start: 79 End: 83
 You Phase (Zone)

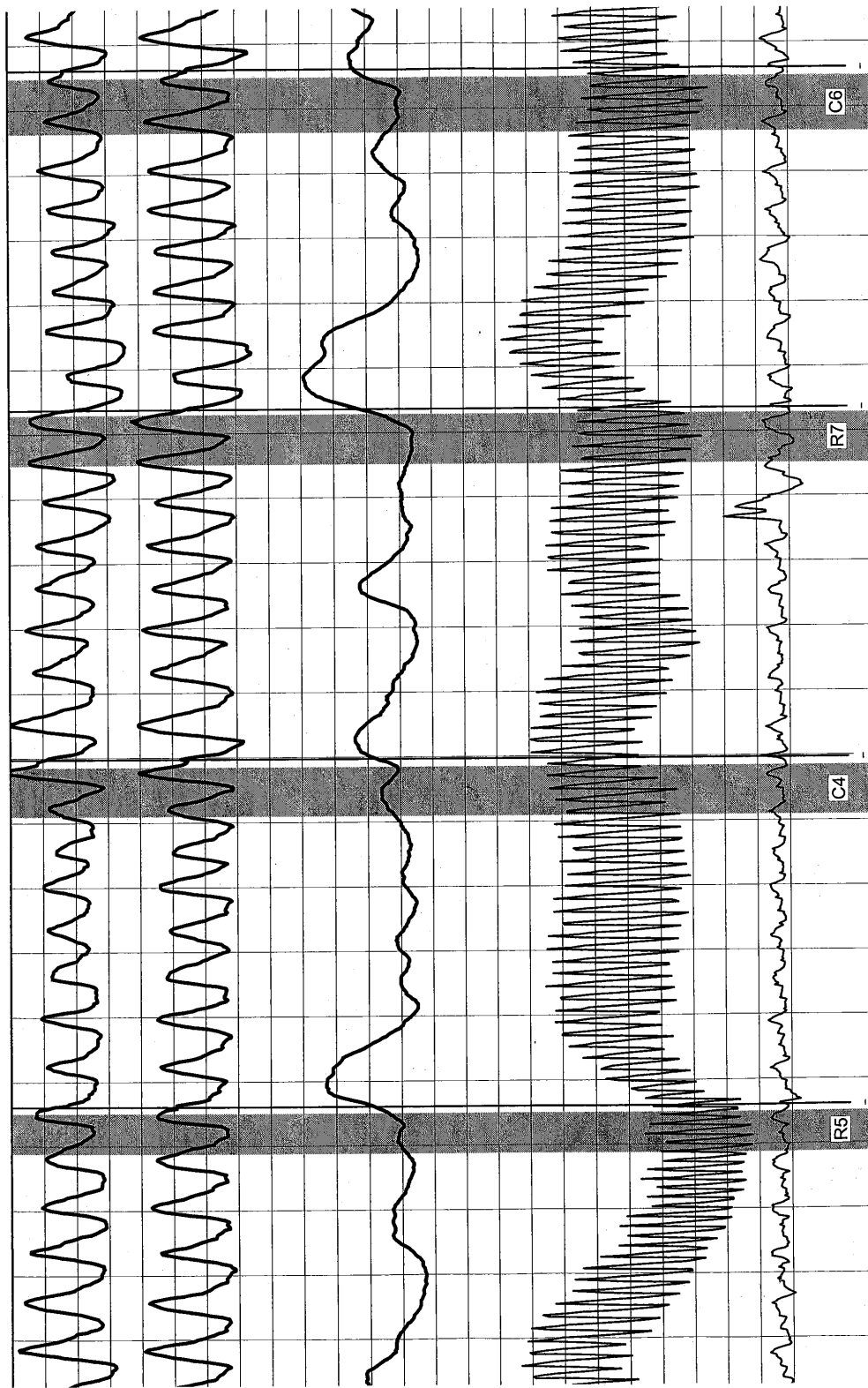


06154 Exam 1 Chart 5
 Subject: [REDACTED]
 Examiner: System Administrator
 Date: 9/22/2006 View Size: Normal
 Time Start: 9:30:49 AM End: 9:35:04 AM Duration: 04:15
 Cuff Pressure Start: 76 End: 81
 You Phase (Zone)

Gain Settings:	P2	P1	GS	CA	AU	A2	A3
Recorded: Start	9.0	4.7	2.5	1.3	---	---	5.0
Recorded: End	9.0	4.7	2.5	1.3	---	---	5.0
Printed: Start	10	3.4	4.0	1.0	---	---	2.0
Printed: End	10	3.4	4.0	1.0	---	---	2.0

Recorded Electrodermal: Manual
 Printed Electrodermal: Automatic

page 1 of 3
 9.9.5

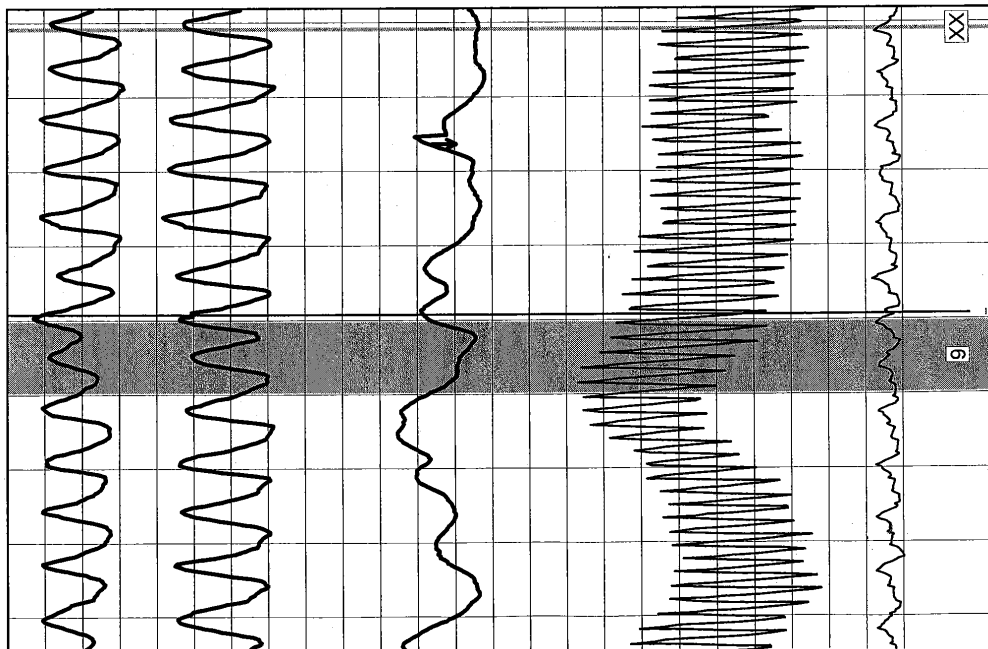


06154 Exam 1 Chart 5
 Subject: [REDACTED]
 Examiner: System Administrator
 Date: 9/22/2006 View Size: Normal
 Time Start: 9:30:49 AM End: 9:35:04 AM Duration: 04:15
 Cuff Pressure Start: 76 End: 81
 You Phase (Zone)

Gain Settings:	P2	P1	GS	CA	AU	A2	A3
Recorded: Start	9.0	4.7	2.5	1.3	---	---	5.0
Recorded: End	9.0	4.7	2.5	1.3	---	---	5.0
Printed: Start	10	3.4	4.0	1.0	---	---	2.0
Printed: End	10	3.4	4.0	1.0	---	---	2.0

Recorded Electrodermal: Manual
 Printed Electrodermal: Automatic

page 2 of 3
9.9.5



06154 Exam 1 Chart 5

Subject: [REDACTED]
 Examiner: System Administrator
 Date: 9/22/2006 View Size: Normal
 Time Start: 9:30:49 AM End: 9:35:04 AM Duration: 04:15
 Cuff Pressure Start: 76 End: 81
 You Phase (Zone)

Gain Settings:
 Recorded: Start 9.0 P1 4.7 P2 9.0
 Recorded: End 9.0 P1 4.7 P2 9.0
 Printed: Start 10 P1 3.4 P2 10
 Printed: End 10 P1 3.4 P2 10
 Recorded Electrodermal: Manual
 Printed Electrodermal: Automatic

CA	GS	AU	A2	A3	page 3 of 3
1.3	2.5	---	---	5.0	9.5
1.3	2.5	---	---	5.0	
1.0	4.0	---	---	2.0	
1.0	4.0	---	---	2.0	