

**TOOLMARK WORKSHEET
(MARK)**

FS LAB # _____
EXAMINER _____
Start DATE _____
EXAMINER _____
End DATE _____

Item # _____ Cont. # Description _____

Evidence Condition/Description _____

Mark of ID & Location _____

Type of Mark _____ Suitable Marks _____

Microscope Used _____ Stereo _____ Comparison _____

Casts Made _____ Item#/ Designation/ Date(s) Produced _____

Material Used _____ Cast Packaging _____

I.D. With _____

Verified By/Date _____

Remarks:

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