DEPARTMENT OF FORENSIC SCIENCE
TECHNICAL AND ADMINISTRATIVE REVIEW FORM - BREATH ALCOHOL

Month/Year _____ **SN #:** _____ **Analyst** _____ **Reviewer** _____

CERTIFICATE OF INSTRUMENT ACCURACY

Yes	No	N/A		
☐	☐	☐	1)	Is the CoIA's format and wording in accordance with Department & Section guidelines?
☐	☐	☐	2)	Are the spelling and grammar correct?
☐	☐	☐	3)	Has information from the printouts been correctly transcribed (e.g., dates, readings)?

SUPPORTING DOCUMENTATION

☐	☐	☐	5)	Is the supporting documentation neat and of sufficient detail?
☐	☐	☐	6)	Do the analyst's and technician's handwritten initials, if applicable, appear on each page?
☐	☐	☐	7)	Are the notes and any corrections recorded in accordance with Department policy?
☐	☐	☐	8)	Are the applicable work sheets properly utilized in accordance with Section protocols?
☐	☐	☐	9)	Are data transfers accurately recorded?

FINDINGS & CONCLUSIONS

☐	☐	☐	10)	Have appropriate repairs/tests been performed?
☐	☐	☐	11)	Are the required sample values from each concentration within 3% or .003 of the target (whichever is greater)?

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DEPARTMENT
OF
FORENSIC SCIENCE

REVIEWER'S COMMENTS (All questions above marked 'No' will be explained)

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RESOLUTION (Each Reviewer's comment must be addressed by the Analyst)

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Reviewer Signature / Date

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Analyst Signature / Date