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

Month/Year ___________ SN #: _______________ Analyst ____________________ Reviewer ____________________

CERTIFICATE OF INSTRUMENT ACCURACY

☐ ☐ ☐ 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)?

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

Analyst Signature / Date