

**DEPARTMENT OF FORENSIC SCIENCE
TECHNICAL AND ADMINISTRATIVE REVIEW FORM**

Month/Year _____ FS Lab #: _____ Examiner _____

REPORT

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1) Is the report's format and wording in accordance with Department & Section guidelines? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2) Are the spelling and grammar correct? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3) Has information from the RFLE been correctly transcribed (e.g., names, agency case numbers)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4) Is the significance of associations clearly communicated and properly qualified in the report? |

ADMINISTRATIVE AND EXAMINATION DOCUMENTATION

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5) Are packaging descriptions and conditions properly documented? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6) Are case items properly designated? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7) Is the evidence properly described? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8) Is the examination documentation neat and of sufficient detail? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9) Are all pages of documentation properly identified in accordance with Department policy? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10) Are the notes and any corrections recorded in accordance with Department policy? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11) Are Section-required interactions with others documented (e.g., verification, 2nd sizing)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12) Are the applicable work sheets properly utilized in accordance with Section protocols? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13) Have appropriate photographs/negatives/digital images been prepared, labeled and included? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14) Are mathematical calculations and data transfers accurately recorded? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15) For Forensic Biology, has the chain of custody been reviewed per FBI Quality Assurance Standards? |

FINDINGS & CONCLUSIONS

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16) Have appropriate tests been performed? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17) Are the appropriate additional samples requested? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18) Have all of the examinations requested in the RFLE been addressed either on the report or on an MFR? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19) Are results/conclusions fully supported by the examination documentation? |

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

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

Reviewer Signature / Date

Examiner Signature / Date