

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

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

CERTIFICATE OF INSTRUMENT ACCURACY

Yes No N/A

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1) Is the CoIA'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 printouts been correctly transcribed (e.g., dates, readings)? |

SUPPORTING DOCUMENTATION

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4) Is the supporting documentation neat and of sufficient detail? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5) Do the analyst's and technician's handwritten initials, if applicable, appear on each page? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6) Are the notes and any corrections recorded in accordance with Department policy? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7) Are the applicable work sheets properly utilized in accordance with Section protocols? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8) Are data transfers accurately recorded? |

FINDINGS & CONCLUSIONS

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9) Have appropriate repairs/tests been performed? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10) 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)

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

Reviewer Signature / Date

Analyst Signature / Date