DEPARTMENT OF FORENSIC SCIENCE
TECHNICAL AND ADMINISTRATIVE REVIEW FORM

Month/Year ___________ FS Lab #: ________________ Examiner ________________________________

REPORT

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

ADMINISTRATIVE AND EXAMINATION DOCUMENTATION

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

FINDINGS & CONCLUSIONS

☐ ☐ ☐ 16) Have appropriate tests been performed?
☐ ☐ ☐ 17) Are the appropriate additional samples requested?
☐ ☐ ☐ 18) Have all of the examinations requested in the RFLE been addressed either on the report or on an MFR?
☐ ☐ ☐ 19) Are results/conclusions fully supported by the examination documentation?

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 Examiner)

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Reviewer Signature / Date

Examiner Signature / Date