

EVIDENCE	Yes	No	N/A
Evidence packaging labels present and marked with date received and initials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latent lifts marked with case number, item number, date, initials (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowns marked with case number, item number, date, initials (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photographs marked with case number, item number, date, initials (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processing evidence marked with case number, item number, date, initials (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developed print area marked on evidence (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All items with Latent request on submission form were analyzed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewer's initials and date on transferred evidence (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latent WORKSHEET			
Lab Number correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analyst and Date Started present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Item descriptions correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Item 'processing needed' correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Packaging detail correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Witness/consultation present (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processing steps correct (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
'Test Print' information present for each chemical (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACE-V information correct for each lift/photograph (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victim knowns searched for in SAFIS Database (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suspect knowns searched for in SAFIS Database (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comparisons conducted (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"No further comparisons conducted" statement present (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
'Persons Compared To' information present and correct (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAFIS and/or FBI search information present and correct (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type Examination Requested present in results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methodology statement present and correct in results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All items discussed in results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAFIS searches not saved due to no elimination prints statement in results (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unidentified latent summary statement in results (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposition of evidence present in results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Results correspond with ACE-V	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Completed present and worksheet says "Completed"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REPORT	Yes	No	N/A
Header information correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Report 2 (3, 4, etc.) added for subsequent submissions (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Item descriptions correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check Chain of Custody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Results correctly copied from worksheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Report CC's correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FORENSIC ADVANTAGE/OBJECT REPOSITORY			
Case Record 'Exams Started' date matches date on Worksheet and evidence label (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For evidence created in lab, date on evidence corresponds with date in FA (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All identifiable latent prints/identifications saved in Foray (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foray Report correct and in OR (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAFIS and/or FBI Candidate Reports in OR (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CV in OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation scan of latent lifts/knowns/photographs in OR (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latent Worksheet in OR (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friction Ridge Range of Conclusions in OR (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charted print/identification (one per person) in worksheet/OR (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All OR items approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Every first page of a scanned document has appropriate markings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verification Review completed for all value determinations, identifications, exclusions, and inconclusives (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check Communication logs/View Messages/Case Details OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check Case Details and Case Record Details Comments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All resources used added (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clerical			
Correct spelling and grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>