

QAR#:

QUALITY ASSURANCE RECORD (QAR)

SECTION I – To be completed by the entity providing feedback. (Note: Laboratory personnel may complete this form)

Name:	
Address:	
Phone	
Email Address:	
Your relationship with the case:	

SECTION II –

Individual and/or Laboratory	
Type of Forensic Analysis	
Laboratory and/or Agency Case Number (if known/applicable)	
Date of Incident, Analysis, or Report (if known/applicable)	

SECTION III - Please write a *brief* statement of event(s). You may use additional paper, if necessary.

SECTION IV – The person identifying the QAR:

Name:		Date:	
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SECTION V – Basic fact-finding. You may use additional paper, if necessary.

Assigned Assessor:					
Further Action Requested:	Yes		No		If yes, attach QAR Continuation Page.
Quality Manager:					
QAR Closed	Yes				
Quality Manager					
Assistant Director/ Laboratory Director Review					