


CHARLOTTE – MECKLENBURG POLICE DEPARTMENT Crime Lab Proficiency Test Review Form			Date:
Analyst Name:			
Date Assigned:		Date Completed:	
Type: External	Internal	Test Manufacturer:	
Test Name/Identifier:			
Discipline:			
Date Results Due to Director:			

Review By Director	
Director's Initials:	Date Reviewed:
Date Results Due to Test Manufacturer:	
Date Results Sent to Test Manufacturer:	

Results	
Results:	
Consistent w/ MFG <input type="checkbox"/>	Inconclusive <input type="checkbox"/> Not Consistent w/ MFG <input type="checkbox"/>
Director's Comments:	
Results Reviewed with Analyst	
Analyst Signature:	Date:
Supervisor Signature:	