

Laboratory Case Number #: Click [here](#) to enter text.

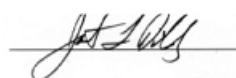
Reviewer: Click [here](#) to enter text.

Case Record Number: Click [here](#) to enter text.

Mobile Device Admin/Tech Review

CREATED EVIDENCE	Yes	No	N/A
Uline tag labeled correctly (case number, item number, date, and initials)			
RFID label signed and dated correctly			
Contraband Sticker is present (if applicable)			
Container opened and hashes verified			
EXTRACTION			
Extraction worksheet present and complete			
Mobile Device Verification Review present and complete			
PROCESSING WORKSHEET			
Lab Number correct			
Analyst present			
Date Started and Date Completed correct			
Legal Authority reviewed & type correct			
Legal Authority is linked correctly (if applicable)			
Computer prep actions and dates correct (if applicable)			
All removable media information match in the Device Information Report			
Extraction Type correct			
PUK present (if applicable)			
Processing software correct			
All reports generated and titles match in FA and on evidence media			
Extraction Hash value(s) present (if applicable)			
All images are clearly visible and readable			
All media created information is correct			
Remove unused blocks from worksheet			
Correct Item numbers throughout the worksheet			
Stats were uploaded to SharePoint			
REPORT			
Header Information correct			
Item descriptions correct			
Extraction type matches with Extraction Worksheet			
Password type and passcode found (if applicable) matches with Extraction Worksheet			
Removable media extraction matches with Processing Worksheet			
Agency Case Number matches			
Contraband paragraph is present (if applicable)			
All Item numbers match and are correct			
Carbon copies present on Lab Report & match RFLE			
FORENSIC ADVANTAGE/OBJECT REPOSITORY			
CV in OR			
Device Information Report in OR			
All OR items are approved			
Legal Authority present			
Evidence in Personal Custody at time of extraction			
Evidence in correct storage location at time of Admin/Tech review			
Evidence assigned to the correct case record (split case; if applicable)			

Form approved for use by:



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All software/hardware used added to Resource Manager (if applicable)			
Check Communication logs/View Messages/Case Details OR			
Check Case Details and Case Record Details Comments			
For evidence created in lab, date on evidence corresponds with date in FA (if applicable)			
CLERICAL			
Correct spelling and grammar			
NOTES			

Returned Review Remediation	Yes	No	N/A
Any required edits have been completed and case is ready for completion?			
Comments:			
Click here to enter text.			

