



Forensic Scientist: Jami Reber Due Date: 3/17/2023
 Discipline: Toxicology Sub-discipline: Blood Alcohol/Volatiles
 Type of Test: External - CAP

Results: Satisfactory Unsatisfactory Corrective Action Taken

This forensic practitioner successfully completed the following (check all that apply):

	Test ID / FCN	Analysis	Batch Review	Report Writer	Case Review	
					Technical Review	Administrative Review
<input checked="" type="checkbox"/>	AL1-A-2023-A / 2023-02278	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Test ID / FCN	Analysis			Batch Review			Report Writer	Case Review	
		ELISA	GCMS	LC-MS/MS	ELISA	GCMS	LC-MS/MS		Technical Review	Administrative Review
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Staff Member: Jami Reber Date: Apr 12, 2023
Jami Reber (Apr 12, 2023 11:49 CDT)
 Section Manager/Designee: Dayong Lee Date: Apr 12, 2023
 Quality Director/Designee: Jackie Moral Date: Apr 12, 2023












AL1-A-2023-A J. Reber

Final Audit Report

2023-04-13

Created:	2023-04-12
By:	Carisa Martinez (cmartinez@hfsctx.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAAzz_bh0Q4bUB5SD_GpvD_AIM_XMOHzW-H

"AL1-A-2023-A J. Reber" History

-  Document created by Carisa Martinez (cmartinez@hfsctx.gov)
2023-04-12 - 3:41:24 PM GMT
-  Document emailed to Dayong Lee (dlee@hfsctx.gov) for signature
2023-04-12 - 3:43:01 PM GMT
-  Email viewed by Dayong Lee (dlee@hfsctx.gov)
2023-04-12 - 4:03:46 PM GMT
-  Document e-signed by Dayong Lee (dlee@hfsctx.gov)
Signature Date: 2023-04-12 - 4:03:55 PM GMT - Time Source: server
-  Document emailed to Jami Reber (jreber@hfsctx.gov) for signature
2023-04-12 - 4:03:58 PM GMT
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-  Document e-signed by Jami Reber (jreber@hfsctx.gov)
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2023-04-13 - 1:12:06 AM GMT
-  Document e-signed by Jackeline Moral (jmoral@hfsctx.gov)
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2023-04-13 - 1:12:27 AM GMT

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