



Forensic Scientist: Corissa Rodgers Due Date: 3/17/2023  
 Discipline: Toxicology Sub-discipline: Blood Alcohol/Volatiles  
 Type of Test: Internal - 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-2023-05 / 2023-02123	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	AL1-A-2023-01 / 2023-02119	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	AL1-A-2023-03 / 2023-02121	<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"/>

	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: Corissa Rodgers Date: Apr 11, 2023  
 Section Manager/Designee: Dayong Lee Date: Apr 11, 2023  
 Quality Director/Designee: Jackie Moral Date: Apr 12, 2023












# AL1-A-2023-01, 03 & 05 C. Rodgers

Final Audit Report

2023-04-13

Created:	2023-04-11
By:	Carisa Martinez (cmartinez@hfsctx.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAARjUmPibZ4XPN8QNXZHos_Ya9zU6arqzs

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-  Document created by Carisa Martinez (cmartinez@hfsctx.gov)  
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-  Document emailed to Dayong Lee (dlee@hfsctx.gov) for signature  
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-  Email viewed by Dayong Lee (dlee@hfsctx.gov)  
2023-04-11 - 8:52:20 PM GMT
-  Document e-signed by Dayong Lee (dlee@hfsctx.gov)  
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