



Forensic Scientist:

Due Date:

Discipline:

Sub-discipline:

Type of Test:

Results: Satisfactory Unsatisfactory Corrective Action Taken

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

| | Test ID / FCN | Analysis | Batch Review | Case Review | | Report Writer |
|-------------------------------------|---------------|----------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| | | | | Administrative Review | Technical Review | |
| <input checked="" type="checkbox"/> | Blood Alcohol | AL1-C-2022-11 / 2022-11579 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | AL1-C-2022-15 / 2022-11583 | <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"/> |

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

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

Forensic Scientist: Haley Melbourn Date: Nov 15, 2022
Haley Melbourn (Nov 15, 2022 09:06 CST)

Section Manager/Designee: Dayong Lee Date: Nov 15, 2022

Quality Director/Designee: Erika Ziemak Date: Nov 15, 2022
Erika Ziemak (Nov 15, 2022 09:57 CST)












AL1-C-2022 H. Melbourn

Final Audit Report

2022-11-15

| | |
|-----------------|---|
| Created: | 2022-11-14 |
| By: | Carisa Martinez-Rosa (cmartinez@houstonforensicscience.org) |
| Status: | Signed |
| Transaction ID: | CBJCHBCAABAATk8oFwqwB-PjTI-SKcvGzIV4Yasy98Ph |

"AL1-C-2022 H. Melbourn" History

-  Document created by Carisa Martinez-Rosa (cmartinez@houstonforensicscience.org)
2022-11-14 - 11:15:42 PM GMT- IP address: 170.55.41.50
-  Document emailed to Dayong Lee (dlee@hfsctx.gov) for signature
2022-11-14 - 11:17:48 PM GMT
-  Email viewed by Dayong Lee (dlee@hfsctx.gov)
2022-11-15 - 2:37:02 PM GMT- IP address: 170.55.41.50
-  Document e-signed by Dayong Lee (dlee@hfsctx.gov)
Signature Date: 2022-11-15 - 2:37:08 PM GMT - Time Source: server- IP address: 170.55.41.50
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-  Signer Toxicology Dept (hmelbourn@hfsctx.gov) entered name at signing as Haley Melbourn
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2022-11-15 - 3:06:30 PM GMT
-  Email viewed by Erika Ziemak (eziemak@hfsctx.gov)
2022-11-15 - 3:57:01 PM GMT- IP address: 104.47.65.254
-  Document e-signed by Erika Ziemak (eziemak@hfsctx.gov)
Signature Date: 2022-11-15 - 3:57:13 PM GMT - Time Source: server- IP address: 170.55.41.50

✔ Agreement completed.

2022-11-15 - 3:57:13 PM GMT