



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	Report Writer	Case Review	
					Technical Review	Administrative Review
<input type="checkbox"/>	Alcohol Analysis	<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			Report Writer	Case Review	
		ELISA	GCMS	LC-MS/MS	ELISA	GCMS	LC-MS/MS		Technical Review	Administrative Review
<input checked="" type="checkbox"/>	DFC-B-2022-05 / 2022-14041	<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 checked="" type="checkbox"/>
	DFC-B-2022-06 / 2022-14042	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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: Dayong Lee Date: Feb 9, 2023
 Section Manager/Designee: Amy Castillo Date: Feb 10, 2023
Amy Castillo (Feb 10, 2023 13:25 CST)
 Quality Director/Designee: Jackie Moral Date: Feb 10, 2023

DFC-B-2022-INT D. Lee

Final Audit Report

2023-02-10

Created:	2023-02-09
By:	Carisa Martinez-Rosa (cmartinez@houstonforensicscience.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAeUJwL7seoBwaUJYMLVz1VAkgVUeMgb9L


"DFC-B-2022-INT D. Lee" History

 Document created by Carisa Martinez-Rosa (cmartinez@houstonforensicscience.org)

2023-02-09 - 2:46:23 PM GMT- IP address: 170.55.41.50

 Document emailed to Dayong Lee (dlee@hfsctx.gov) for signature

2023-02-09 - 2:47:56 PM GMT

 Email viewed by Dayong Lee (dlee@hfsctx.gov)


2023-02-09 - 4:24:38 PM GMT- IP address: 170.55.41.50

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Signature Date: 2023-02-09 - 4:26:28 PM GMT - Time Source: server- IP address: 170.55.41.50

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 Agreement completed.

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