FIREARMS & TOOLMARKS UNIT (FTM)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| FPM/WS/L4/001 | Case Processing Worksheet | Issue on | 20-10-2020 | Revision | 5.0 |

Case ID: {{ AGENCY\_CASE }} Analyst: {{ ANALYST }}

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Chain of Custody** (Write Store Name if Transferred from/to Store) | | | | | | | | | | |
| No of Parcels/ Items # | | Received From (Name & Initials) | | | | Received by (Name & Initials) | | | Time & Date | Purpose |
| {{ PARCELS }} | | EV | | | | {{ TEAM\_MEMBER }} | | | {{ PROCESSING }} |  |
| {{ ITEMS }} | |  | | | | {{ ANALYST }} | | | {{ COMPARISON }} |  |
| {{ ITEMS }} | | {{ ANALYST }} | | | | {{ TEAM\_MEMBER }} | | | {{ REVIEW\_COMP }} |  |
| {{ ITEMS }} | | {{ TEAM\_MEMBER }} | | | |  | | | {{ ABIS\_START }} |  |
| {{ ITEMS }} | |  | | | |  | | | {{ ABIS\_END }} |  |
| {{ ITEMS }} | |  | | | |  | | | {{ TO\_CPR }} |  |
| **Technical & Administrative Review** | | | | | **Results** | | | | | |
|  | | | | | |
| Review Start Date: |  | | | |
| Have all the corrections/ additions initialed and  dated by analyst? | | |  |  |
| Have all the names spelled correctly / no clerical  errors? | | |  |  |
| Have the analyst and reviewer signed, titled and  initialed the results? | | |  |  |
| Do the examinations conform to FTM Procedure  Manual? | | |  |  |
| Have the appropriate examinations been  performed? | | |  |  |
| Has the report been checked for grammatical  errors? | | |  |  |
| Has the digital record of the case been verified? | | |  |  |
| Is the wording of each test conclusions in the  report consistent with the FTM Procedure Manual? | | |  |  |
| Does the supporting data support the scientist  conclusion? | | |  |  |
| Analyst  (Sign, Date) | | | **Verification:** □ Agree □ Disagree Verifier: {{ REVIEWER }}  (Name, Sign, Date & Time) | | |
| Does each page in case file has case number? | | |  |  |
| Review Completion Date: |  | | | |
| Soft Data Location: | Sign of the Analyst: | | | | | | Reviewer: (Name, Sign, Date & Time)  (Technical & Administrative)  {{ REVIEWER }} | | | |

Case Notes: {{ PARCEL\_DETAILS }}

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