

Date Of Evidence Collection: \_\_\_\_\_

Hospital: \_\_\_\_\_

Nurse Examiner Name: \_\_\_\_\_

**Sexual Assault Kit Assessment:**

- |  |    |     |       |
|--|----|-----|-------|
| 1. Was the head hair standard sufficient to complete an examination?                                   | Y  | N   | Na    |
| 2. Was the pubic hair standard sufficient to complete an examination?                                  | Y  | N   | Na    |
| 3. Is there foreign hair in the pubic hair combing?  | Y  | N   | Na    |
| 4. Was each item properly packaged and labeled?<br>If no, please specify:                              | Y  | N   | Na    |
| 5. Was appropriate evidence collected based upon incident description?                                 | Y  | N   | Na    |
| 6. Was semen detected/indicated?<br>If yes, on what samples:   | Y  | N   | Na    |
| 7. How was semen identified/indicated?<br>search   | AP | P30 | Sperm |
| 8. Other physical evidence of value? (saliva, condom traces, fingernail scrapings, etc.)               |    |     |       |
| 9. Were foreign hairs found on victim or clothing?   | Y  | N   | Na    |
| 10. Was the chain of custody maintained for both the sexual<br>assault kit and the submitted clothing? | Y  | N   | Na    |

Comments:

Date Kit was worked: \_\_\_\_\_

Criminalist: \_\_\_\_\_

Rape Kit Lot #: \_\_\_\_\_

CRN \_\_\_\_\_