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?                      Y   N   Na  
   If no, please specify:                                            

5. Was appropriate evidence collected based upon incident description?  Y   N   Na  
6. Was semen detected/indicated?  
   If yes, on what samples:                                        

7. How was semen identified/indicated?  AP   P30   Sperm
search

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 assault kit and the submitted clothing?  Y   N   Na  

Comments:

Date Kit was worked: ________________
Criminalist: ______________________________
Rape Kit Lot #:_______________________          CRN_____________________