

**Palomar Pomerado Health SART
SANE/Crime Lab Quality Assurance
(form to be included in "EVIDENCE KIT" with OCJP forms)**

Date of Case: _____ **PD Jurisdiction:** _____ **PD Case #:** _____
Name of SANE: _____

CRIME LAB AUDIT

Criminalist completes the following

(If any answer to the following questions is "no," please comment below)

- | | | | | |
|--|----------|-----------|----------|--------------------|
| 1) Evidence clearly labeled & legible | _____ NA | _____ Yes | _____ No | _____ Not Examined |
| 2) Evidence correctly sealed | _____ NA | _____ Yes | _____ No | _____ Not Examined |
| 3) Sperm visualized by criminalist | _____ NA | _____ Yes | _____ No | _____ Not Examined |
| 4) Appropriate swabs made (by Hx) | _____ NA | _____ Yes | _____ No | _____ Not Examined |
| 5) Appropriate number of swabs collected | _____ NA | _____ Yes | _____ No | _____ Not Examined |
| 6) Kit items adequately dried | _____ NA | _____ Yes | _____ No | _____ Not Examined |
| 7) Adequate pubic hair standards | _____ NA | _____ Yes | _____ No | _____ Not Examined |
| 8) Adequate head hair standards | _____ NA | _____ Yes | _____ No | _____ Not Examined |
| 9) Combing collected | _____ NA | _____ Yes | _____ No | _____ Not Examined |
| 10) Fingernail scraping appropriately prepared | _____ NA | _____ Yes | _____ No | _____ Not Examined |
| 11) Form complete | _____ NA | _____ Yes | _____ No | _____ Not Examined |
| 12) Form legible | _____ NA | _____ Yes | _____ No | _____ Not Examined |
| 13) Crime lab findings | _____ NA | _____ Yes | _____ No | _____ Not Examined |

Comments: _____

Suggestions for improvement: _____

Other: _____

Criminalist Signature: _____ **Date:** _____
(Criminalist: please fax this form back to SART at 760-739-2153)

Date of SART Coordinator review with SANE: _____

SART Coordinator Signature: _____

SANE Signature: _____