

TBI-FORENSIC SERVICES DIVISION PERFORMANCE VERIFICATION FORM

Instrument/Method to Verify:

Agilent 8890/5977 GC/MS (US2449MA28/US2451A027) Crush

Check the appropriate box: New Validation ☐ Modification ☐ Performance Check ☒

Laboratory: NCL ☐ KCL ☒ JCL ☐ Unit: Forensic Chemistry

Based on training and competency, the following analyst(s) are authorized by the Technical Leader to participate in this study:

Name Jessica Sosa Title SA/FS III Initials JS

Completed: Jessica Sosa

Name Jacob White Title SA/FS IV Initials JAW

Completed: Jacob White (Apr 30, 2025 09:55 EDT)

Name _____ Title _____ Initials _____

Completed:

Verification of final review:

Unit Supervisor: Sharon A. Norman Section Manager: Mollie Hood

Unit Supervisor: Michael Bleakley Section Manager:

Unit Supervisor: Section Manager:

Regional Administrator: Adam Gray IT Manager:

Regional Administrator:

Regional Administrator:

Quality Assurance Manager: chad johnson

By signing below, I have verified this study meets all requirements and I deem this procedure/instrument fit for the intended use:

Technical Leader: Brett Trotter

All information must be submitted to the Quality Assurance Manager prior to the implementation of the procedure/instrument. If applicable, include training plan and competency testing schedule.