

TBI-FORENSIC SERVICES DIVISION PERFORMANCE VERIFICATION FORM

Instrument/Method to Verify: "Toothless"

Nicolet APEX FTIR (BHC2510009) with Smart iTX (ATR) (B122047) and Golden Gate

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 Maddison Miller Title SA/FS II Initials MM

Completed: **Maddison Miller**

Digitally signed by Maddison Miller
Date: 2025.07.02 12:58:29 -04'00'

Name Madison Talley Title FS Initials MST

Completed: **Madison Talley**

Digitally signed by Madison Talley
Date: 2025.07.02 13:13:47 -04'00'

Name _____ Title _____ Initials _____

Completed:

Verification of final review:

Unit Supervisor: **Michael Bleakley**

Digitally signed by Michael Bleakley
Date: 2025.07.03 09:59:02 -04'00'

Section Manager: **Mollie Hood**

Digitally signed by Mollie Hood
Date: 2025.07.09 11:06:10 -04'00'

Unit Supervisor: **Sharon A. Norman**

Digitally signed by Sharon A. Norman
Date: 2025.07.07 13:10:01 -04'00'

Section Manager:

Unit Supervisor:

Section Manager:

Regional Administrator: **Adam Gray**

Digitally signed by Adam Gray
Date: 2025.07.10 10:29:37 -04'00'

IT Manager:

Regional Administrator:

Regional Administrator:

Quality Assurance Manager: **Chad D Johnson**

Digitally signed by Chad D Johnson
Date: 2025.07.15 11:25:02 -05'00'

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**

Digitally signed by Brett Trotter
Date: 2025.07.11 10:49:52 -05'00'

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.