

TBI-FORENSIC SERVICES DIVISION PERFORMANCE VERIFICATION FORM

Instrument/Method to Verify:

Crush - Agilent 8890/5977 GC/MS THC Screen Performance Check

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 Sydney Ayers Title SA/FS I Initials SA

Completed: **Sydney Ayers**

Digitally signed by Sydney Ayers
Date: 2025.07.15 11:49:37 -04'00'

Name Allison Webb Title SA/FS II Initials AW

Completed: **Allison Webb**

Digitally signed by Allison Webb
Date: 2025.07.15 15:49:51 -04'00'

Name _____ Title _____ Initials _____

Completed:

Verification of final review:

Unit Supervisor: **Sharon A. Norman**

Digitally signed by Sharon A. Norman
Date: 2025.07.15 16:47:18 -04'00'

Section Manager: **Mollie Hood**

Digitally signed by Mollie Hood
Date: 2025.07.22 08:04:55 -04'00'

Unit Supervisor: **Michael Bleakley**

Digitally signed by Michael Bleakley
Date: 2025.07.21 15:29:04 -04'00'

Section Manager:

Unit Supervisor:

Section Manager:

Regional Administrator: **Adam Gray**

Digitally signed by Adam Gray
Date: 2025.07.22 16:32:16 -04'00'

IT Manager:

Regional Administrator:

Regional Administrator:

Quality Assurance Manager: **Chad D Johnson**

Digitally signed by Chad D Johnson
Date: 2025.07.23 14:19:51 -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: 2025.07.23 07:08:58 -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.