|  |  |
| --- | --- |
| **Streamlined Forensic Report (SFR2)** | **Annex B****Accreditation Mitigation Table** |
| Relates to (person): | Click or tap here to enter text. | Crime/Occ. No: | Click or tap here to enter text. |
| Location: | Click or tap here to enter text. | Forensic Case Ref: | Click or tap here to enter text. |
| Date of Offence: | Click or tap here to enter text. | Forensic Lab Ref: | Click or tap here to enter text. |
|  |  | Other Ref 1: | Click or tap here to enter text. |
|  |  | Other Ref 2: | Click or tap here to enter text. |
|  |
| Report provided by: | Click or tap here to enter text. | Organisation:  | Click or tap here to enter text. |
| Date of report:  | **03/02/2021** |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |
| --- |
| **Mitigations in Place Insert Method/Result and ✓ as appropriate/delete as necessary** |
|  | 1 | 2 | 3 | 4 | 5 | 6 |
| Insert Method/Result below | Quality Management System | Validation/Verification completed | Staff competence | Quality assurance/control | Peer review | Other (add additional comments) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Additional Comments: |

  |
| 1. Quality Management System – A Quality Management System is in place within the organisation.
2. Validation/Verification completed – Results provided from demonstrably validated/verified methodology.
3. Staff competence – All personnel involved in producing the results have been deemed competent by their organisation.
4. Quality assurance/control – Quality assurance/control checks associated with the results passed.
5. Peer review – Results have been peer reviewed by another member of staff also deemed competent by their organisation.
6. Other
 |

 |