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| **Streamlined Forensic Reporting**  | **Annex B****Mitigations 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. | Force Forensic Ref: | Click or tap here to enter text. |
| Date of Offence/Incident: | Click or tap here to enter text. | Forensic Provider 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:  | Click or tap here to enter text. |
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| The table below sets out the scope of non-compliance for the FSA I have undertaken in this case **Choose an item.** |
| Forensic Science Activity | Scope of non-compliance within the FSA | Accredited to ISO/IEC 17025 or ISO/IEC 17020 without accreditation to the Code? | **Mitigations to the risk associated with non-compliance** |
| **Competence** of the practitioners involved in the work tested | Method employed **validated** | Method employed **documented** | All **equipment** / software used has been tested and is fit for purpose  | The work is undertaken in a suitable **environment** |
| Enter the FSA definition as set out in the Code | Insert the scope of non-compliant activity | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Enter additional and/or supporting information related to the mitigations |

Add/delete additional rows as required. |

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