

Drug Evidence Weight Verification: Case Number: DSS-_____ Submission Number(s): _____

<input type="checkbox"/> E.S.I. JK800 daily balance check performed and acceptable.	Initial/Date: _____	Initial/Date: _____
<input type="checkbox"/> Mettler MS8001S daily balance check performed and acceptable.	Initial/Date: _____	Initial/Date: _____
<input type="checkbox"/> CS balance #_____ daily balance check performed and acceptable.	Initial/Date: _____	Initial/Date: _____

Convenience Container #1	Weight (grams)	% Difference	Acceptable	Initials	Initials	Date
Evidence Receiving						
CS (for _____ (section)(if applicable):						
Return Weight to CS (if applicable)						
Return to ER Weight						

Convenience Container #2	Weight (grams)	% Difference	Acceptable	Initials	Initials	Date
Evidence Receiving						
CS (for _____ (section)(if applicable):						
Return Weight to CS (if applicable)						
Return to ER Weight						

Weight Variation Acceptable Levels: 1-100g +/- 5% 100.1-1000g +/- 2% >1000.1g +/-1%

% Difference = Current Weight – Initial Weight / Initial Weight X100

Notes:

If the initial weight varies more than established guidelines from the CS weight the CS Section Supervisor or Deputy Director must be informed immediately. If the weight difference is accepted or not accepted the Supervisor or Deputy Director must note why, date and initial the comment. If the weight discrepancy must be investigated the Deputy Director must inform the Director and Quality Manager immediately.

_____ Discrepancy Review and accepted _____ Discrepancy needs to be investigated Initial/Date: _____

Comments: