



**HEALTH & ENVIRONMENTAL TESTING LABORATORY**  
**Forensic Chemistry Section**  
**Courtroom Monitoring Form**

**Please complete and return to the HETL Forensic Chemistry Quality Manager**

**Email:** [amber.horn@maine.gov](mailto:amber.horn@maine.gov)

**Mail:** HETL Forensic Chemistry Section  
47 Independence Drive  
Augusta, Maine 04330-0012  
Attn: Quality Manager

Witness' name: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewer: \_\_\_\_\_

Type of Case: \_\_\_\_\_

Questions	Yes or No
Did the witness have a professional appearance and demeanor?	
Did the witness appear prepared and organized?	
Did the witness correctly reference accreditation? (ISO 17025 as Forensic Testing Lab)	
Did the witness answer questions objectively regardless of who was asking?	
Did the witness convey accurate and impartial testimony without volunteering unsolicited information?	
Did the witness explain technical procedures with terminology the jury could understand?	
Did the witness maintain their composure?	

Add any feedback from court participants

Add any additional comments or suggestions

Supervisor: \_\_\_\_\_

Witness: \_\_\_\_\_

*Courtroom Monitoring Form: Doc # = 108*  
*Effective Date: 12/26/24*

*Approved by: Quality Manager*  
*Date Revised: 05/29/25*