

## **Department of Financial Services**

Division of State Fire Marshal – Bureau of Forensic Fire and Explosives Analysis. 38 Academy Drive, Havana, FL 32333, Phone: 850-539-2700, Fax: 850-539-9662

EVIDENCE SUBMISSION FORM  Please complete all relevant blank areas.  Submission of evidence relinquishes all decisions regarding analytical processing and choice of methods to BFFEA											
New Case		S			regarding analytical pr Special Testing explain in Remarks)			)	ce of n	nethods to BFFEA	
Additional Evidence		Fatality RUSH R (explain				equest in Remarks)  Assigned Your Ager			se #		
Submitting Agent:						Email					
Agency Name:							(	( ) -			
Agency Address:						Cell. #	( ) -				
Property Owner or Occupant:											
Incident Address:											
Nature of Incident (Please describe):						Incident date:					
List of Laboratory Tests (Choose one of the letter codes below to be put into the "Test Requested" column:											
(A) Determine presence/identity of ignitable liquids					_	ideo/Digit	deo/Digital Analysis				
(E/I) Explosives/Incendiaries					_		emical Reaction Bomb Determination				
						emparison Sample					
(CL) Unidentified Chemicals/Clandestine Lab (no drugs) (O) Other requests - Explain in remarks section  List of evidence submitted (Container, content, location collected):  Test Requested											
1.										Test Nequesteu	
2.											
3.											
4.											
5.											
6.											
Chain of Custody (Indicate who had possession, to whom or where it was transferred, and when it was done):											
Print Agen	<u>Agen</u>	Agent Signature			<u>Transfer</u>		Date and Time				
1.											
2.											
3.											
5.											
REMARKS (any specific precautions or notes concerning the evidence?):											
For BFFEA Use Only: Received via:											
Returned Via:											

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