

TSpD-F511: Confidence Rating Form

Review, Analysis & Final Report Forms

Assign confidence levels with reasons, caveats, missing data, and alternative explanations.

CASE / INVESTIGATION INFORMATION

| | |
|----------------------------|----------------------|
| Case ID | Case Name / Location |
| <input type="text"/> | <input type="text"/> |
| Date | Area / Zone |
| <input type="text"/> | <input type="text"/> |
| Investigator / Prepared By | Case Question |
| <input type="text"/> | <input type="text"/> |

PRIMARY RECORD

| | |
|-----------------------|-----------------------|
| Item or case reviewed | Method used |
| <input type="text"/> | <input type="text"/> |
| Findings | Limitations / caveats |
| <input type="text"/> | <input type="text"/> |

METHOD / INTEGRITY CHECKLIST

- ☐ Scope recorded
- ☐ Method documented
- ☐ Risks/controls noted
- ☐ Follow-up assigned

LOG / DETAIL ENTRIES

| Date / Time | Item / Person | Detail | Status / Follow-up |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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NOTES / FOLLOW-UP

Additional notes, next steps, limitations, or report language

Completed by

Date completed