

Direct observation worksheet Audit:

Date of observation:

Discipline:

- ☐ Drug Chemistry ☐ Toxicology ☐ Biology ☐ GSR ☐ Fire Debris ☐ Firearms
☐ Latent Prints ☐ Questioned Documents ☐ Digital & Multimedia ☐ Impression

Task observed: _____

Related SOP: _____ (add section(s) if only portion of tasks is observed)

Person Performing Task: _____

Notes:

Overall Assessment:

- ☐ SOP followed ☐ SOP followed however possible issues as noted
☐ SOP not followed, issues noted above (attach copy of SOP with notations if applicable)

Auditor performing observation: _____