CT DESPP Division of Scientific Services

Direct Observation Proficiency/Monitoring: Individual Characteristic Databases

Notification:	
Analyst to be observed:	Monitor:
Date of notification:(due date 1 month from date of notification)	Notified by:
Discipline: ☐ 3. Biology (CODIS) ☐ 5. Firearms/Too	olmarks (NIBIN)
Observation:	
DSS Case Number(s):	Date of Observation:
Database component(s) observed:	
Process	Yes No NA Comments (if applicable)
Was case information entered correctly (case number and any needed demographics)?	
Was sample identifying information correctly entered into the database?	
Were appropriate categories /fields selected in the database?	
Were the appropriate Unit procedures followed?	
If a mistake was made, did the analyst correct the issue, following procedures?	
Were correct Unit forms used to document the process?	
Notes if applicable:	
Grade: ☐ Pass ☐ Fail	
Person Performing Monitoring:	Date:
Quality Section Review: Date Proficiency Test Workflow Initiated: Further action required □ No □ Yes QAR required Quality Section Reviewer:	 ed? □ No □ Yes QAR ID Date: