

Direct observation worksheet Audit:

Date of observation:

Discipline:

- ☐ 1. Drug Chemistry ☐ 2. Toxicology ☐ 3. Biology ☐ 4. Trace ☐ 5. Firearms/Toolmarks ☐ 6. Latent Prints
☐ 7. Questioned Documents ☐ 9. Digital & Multimedia ☐ 10. Impression ☐ 10. Serial Number Restoration

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: _____