Direct observation worksheet Audit: Date of observation:

Discipline:

☐ Drug Chemistry ☐ Toxicology ☐ Breath Alcohol ☐ Biology ☐ Hair (Materials) ☐ GSR (Materials) ☐ Fire Debris

☐ Firearms ☐ Latent Prints ☐ Questioned Documents ☐ Digital & Multimedia ☐ Impression ☐ Lottery

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:_____